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ABSTRACT

This publication is a compilation of keynote addresses and workshop presentations given at the Child Development Associate (CDA) Seminars held in Miami, Florida, May 20-21, 1980. The document includes an introductory overview of the CDA program: two keynote sessions dealing with providing quality care for children, and future implementation of the CDA program respectively: and seven workshops covering different topics of the CDA program. These topics include the CDA assessment and credentialing process: key features and concepts involved in CDA training: the process of negotiating with colleges to provide CDA training: parent involvement in CDA: the role of CDA within multicultural settings, the Head Start structure, and the Administration for Children, Youth, and Families (ACYF) network: the incorporation of CDA into state day care licensure: and use of the CDA model for training family day care mothers. (Author/MP)

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CDA SEMINARS

Conference Proceedings

Miami, Florida
May 20-21, 1980

Leroy Jones and Trudy M. Hamby, Editors

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Preface

CDA Seminars: Background Information

CDA SEMINARS, a national conference on the Child Development Associate (CDA) Program, was held in conjunction with the National Head Start Association's 7th Annual Child and Family Development Conference in Miami, Fla., May 20-21, 1980. The theme for the SEMINARS was "CDA Within Head Start: Its Impact and Potential." Individual sessions focused on both aspects of this theme:

- Its impact to date, or what is
- Its potential, or what might be.

The theme was chosen to complement that of the 7th Annual Child and Family Development Conference, "Head Start: Making an Impact on the Future."

Although the letters CDA stand for Child Development Associate, within the context of the CDA SEMINARS theme they referred to the entire CDA program and its components: the CDA Competencies, CDA training, and CDA assessment and credentialing.

CDA SEMINARS included two general sessions, a choice of seven workshops covering different topics, and opportunities to review CDA materials in two resource rooms. The sessions and workshops were designed:

- To increase understanding of the CDA concept and philosophy and the effective incorporation of CDA into Head Start
- To focus on the potential of CDA for improving the quality of life for children, their families, and child care staff
- To present a perspective on the role of Head Start in furthering CDA goals in the wider early childhood community.

Purposes of the Publication

This publication was developed by University Research Corporation (URC) under Contract No. 105-78-1016 with the Administration for Children, Youth, and Families (ACYF) to provide training and technical assistance to Head Start Supplementary Training/Child Development Associate (HSST/CDA) programs. It was printed by the CDA Resource Center under contract No. 105-79-1003 with ACYF/Head Start to collect and disseminate information about CDA training and training materials.

This publication is a compilation of keynote addresses and workshop presentations given at CDA SEMINARS. Its purposes are (1) to document this significant event in CDA history, (2) to share information that was presented with those who were unable to attend the conference, and (3) to make the information available in written form for future use by individuals, agencies, and institutions involved in, or interested in, CDA training.

Design of the Document

This document includes a CDA program overview, and nine sections, each representing a particular session or workshop. Preceding each section is the information that appeared in the official program. Because presentors had the option of developing and submitting articles for this publication, not every presentation is included.

Definition of Terms

For the purposes of clarity and consistency, the editors have changed all references to persons involved in CDA training and to assessment procedures to the designations in the chart on the following page.

DEFINITIONS OF KEY CDA TRAINING AND CDA CREDENTIAL AWARD SYSTEM TERMS

CDA TRAINING	CDA CREDENTIAL AWARD SYSTEM
CDA intern The person (frequently called trainee) in CDA training whose goal is the acquisition of the CDA credential.	CDA candidate The person who has been officially registered as a candidate for the CDA credential by the organization responsible for the CDA Credential Award System.
Appraisal, initial appraisal, and ongoing appraisal The processes by which training programs and interns themselves make judgments about the competence demonstrated by a CDA intern during training.	Assessment The process by which the organization responsible for award of the CDA credential makes judgments about the competence demonstrated by a CDA candidate.
Field supervisor The person (frequently called trainer) who advises, counsels, guides, instructs, and assists CDA interns in their field work during the training period.	LAT Advisor The person (formerly called LAT trainer) who observes and advises the CDA candidate during the assessment period for award of the CDA credential.

The Child Development Associate (CDA) Program

Program Overview

The *CDA program* is a national effort embodying a new concept of *training, assessing* and *credentialing* child care staff. The program was initiated in 1971 by the Administration for Children, Youth, and Families, U. S. Department of Health, Education, and Welfare, to create a new category of professional child care workers. The basic goal of the CDA program is to upgrade the quality of Head Start, day care, and other child development programs by increasing the skills and knowledge of classroom staff.

The *Child Development Associate*, or CDA, is a person who is able to meet the specific needs of a group of children aged 3-5 in a child development setting by nurturing the children's physical, social, emotional, and intellectual growth; by establishing and maintaining a proper child care environment; and by promoting good relations between parents and the child development center. The CDA is a person who has been awarded the CDA credential after satisfactorily demonstrating competence in his or her performance with children.

May 20, 1980

OPENING SESSION

La Ronde Room
Main Lobby
7:30-9:00 p.m.

Welcome and Overview

Trudy M. Hamby, Director, Curriculum Development
University Research Corporation
Washington, D.C.

Opening Remarks

Jenni W. Klein, Director, Educational Services
ACYF
Washington, D.C.

CDA Assessment and Credentialing

Robert Granger
Executive Director
CDA Consortium
Washington, D.C.

Introduction of Speaker

Leroy Jones, Director, National CDA Training and Technical Assistance Project
University Research Corporation
Washington, D.C.

Address

"Quality Care for Children — A Societal Need"

Asa Hilliard, Dean
School of Education
San Francisco State University
San Francisco, California

Opening Remarks

Jenni W. Klein

Welcome! I am happy that so many of you could arrange your schedules to be here. As you know, we have had sessions on CDA at Head Start conferences in the past, but this is the first time that we have held a national CDA training workshop prior to the conference.

From the advance registration, we know that there are some of you in the audience who are new to CDA. And there are also some who are already familiar with CDA, but who have not been directly involved with CDA training or the assessment and credentialing process. The majority of you, however, are actively involved in CDA and have experienced the frustrations of the recent 8½-month period in which a major component of the CDA program--the credential award system--was not in operation.

The news that we've all been waiting for is that a contract was signed to resume assessment and credentialing of CDA's. It covers the period from April 14 through June, 1980./1/

What I'd like to do, now, is put that recent period of frustration and anxiety into perspective by (1) taking a look at the accomplishments of the CDA program to date, and (2) applying the analogy of child growth and development.

CDA Program Accomplishments

First, the accomplishments:

- The CDA effort has been successful in furthering the goal that was originally set forth by the Administration for Children, Youth, and Families (ACYF, formerly the Office of Child Development). It has been 10 years since Dr. Ed Zigler, speaking at the annual conference of the National Association for the Education of Young Children (NAEYC), stated that there would be a national effort to address the child care needs of our nation. The goal of the national effort was then, as it is today, "quality care for children." The CDA program works toward that goal by focusing on the competence of the staff.

- The CDA program has successfully established a new category of professional child care workers.

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[1] In December 1980, the CDA National Credentialing Program, Bank Street College of Education, was awarded the contract to assess and credential CDA's.

- It has introduced new and innovative methods for training, assessing, and credentialing these child care workers.
- Training, assessing, and credentialing--all focus on the CDA intern's or CDA candidate's ability to demonstrate the six CDA Competencies. They are:
    - Setting up and maintaining a safe and healthy learning environment
    - Advancing physical and intellectual competence
    - Establishing and maintaining the positive functioning of children and adults in a group environment
    - Building positive self-concept and individual strength
    - Coordinating home and center child-rearing practices and expectations
    - Carrying out supplementary responsibilities related to the children's programs.

Two bilingual/bicultural training competencies were also developed, as was the Bilingual/Bicultural (Spanish/English) CDA Credential.

- There are over 6,000 credentialed CDA's.
- Over 7,000 additional persons are in CDA training.
- CDA training is taking place in over 350 colleges. In addition, national and regional contractors are providing training, as are Head Start grantees and training and technical assistance groups.
- Eighteen States and the District of Columbia have recognized the CDA credential in their child care licensing procedures. The States are: Arizona, Illinois, Kansas, Maryland, Michigan, Minnesota, Nevada, New Mexico, North Carolina, North Dakota, Oregon, Pennsylvania, South Dakota, Texas, Utah, Virginia, Washington, and Wisconsin.
- CDA's are working in a number of child care programs, including Head Start, day care, nursery schools, kindergartens, parent cooperatives, and programs sponsored by home economics departments in secondary schools across the United States.

Analogy of Child Growth and Development

In 1975, in a national ceremony to present the first CDA credentials, Marilyn Smith, executive director of NAEYC, compared the CDA program to a baby just learning to crawl. Well, based on the CDA accomplishments just enumerated, our baby is now upright and walking. In fact, it has taken great strides in growth and development. It has gone through the development stages of infancy, early childhood, and later childhood. Developmental accomplishments during those years have been many.

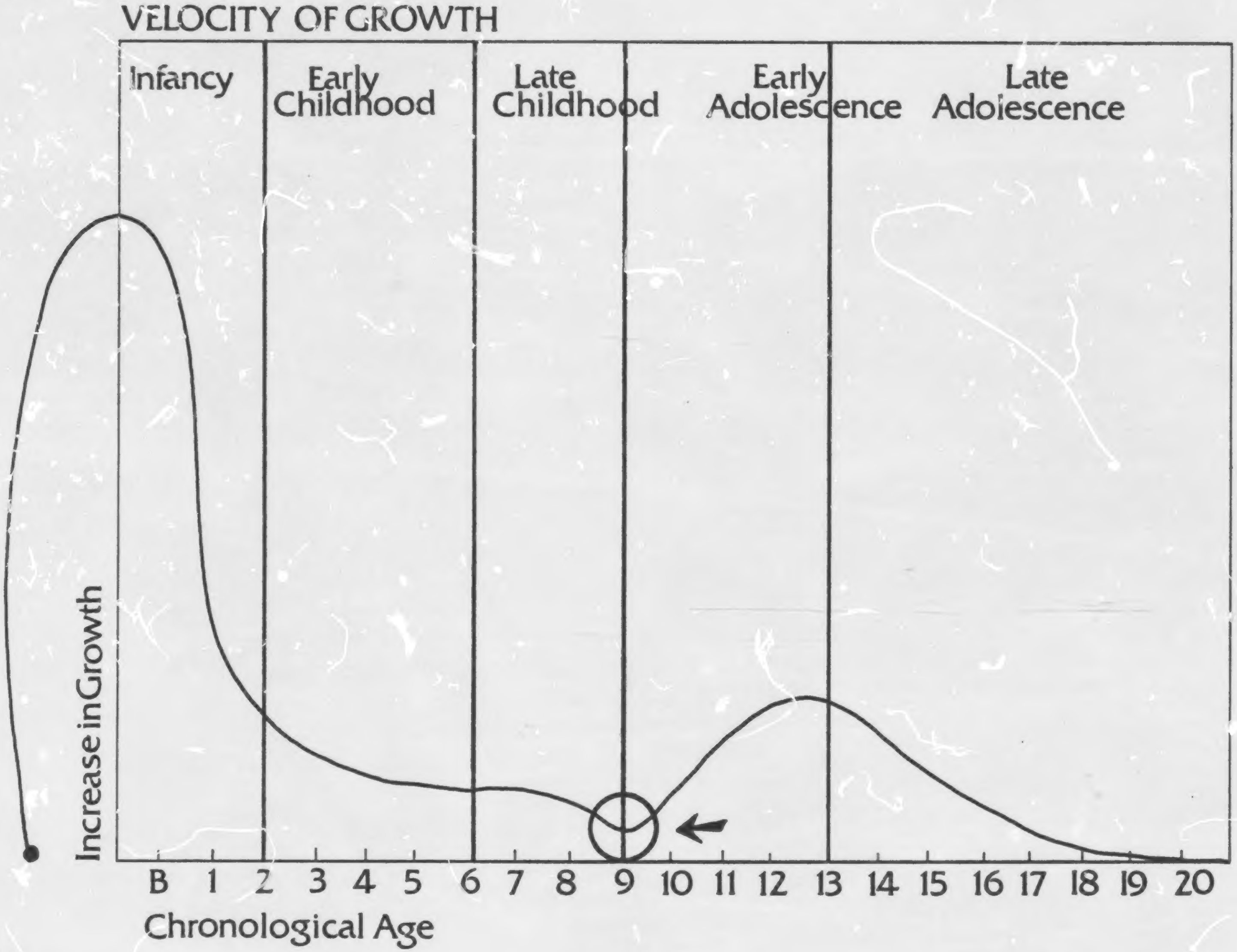
Let's compare the rate and pattern of growth in the CDA effort to the rate and pattern of growth for human beings. The Velocity of Growth chart on the following page shows the increase in growth for the average child according to chronological age and stage of development. The rapid tempo and increase in growth between conception and birth is followed by the period of infancy in which growth, while still proceeding with dramatic intensity, is slowing down in tempo. Then, there is a gradual leveling off and a period of stability during early and late childhood, followed by a momentary dip in rate prior to the adolescent growth spurt. Parents often think children have stopped growing during that dip, but what is actually happening is that consolidation of growth is taking place.

And that is exactly the pattern the Child Development Associate program has followed. In fact, the "developmental" dip prior to the adolescent growth spurt might be likened to the 8½-month period we have just come through in CDA, when there was no Credential Award System in place.

Just as child growth and development includes periods of regression, identity crisis, and general "welschmerz," so with CDA. We have come through a period of identity crisis and "welschmerz." The speed of growth of the total CDA effort slowed. The Credential Award System came to a halt.

We know that this has had the effect of bringing about disillusionment, anger, and despair. We also know that the identity crisis had the effect of bringing the CDA family closer together, working in a more concerted pattern. Consolidation of growth continued in terms of training. Local support systems were also strengthened. There was always hope. Thousands of you telephoned and wrote letters. There was tremendous rally and support. And that's what CDA is all about: people working together for quality programs for children.

I'm glad you are all here.


VELOCITY OF GROWTH
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Early Childhood
Late Childhood
Early Adolescence
Late Adolescence
Increase in Growth
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Chronological Age

Quality Care for Children--A Societal Need

Asa Hilliard

Head Start is 15 years old. We can wish Head Start a happy birthday. At the same time, we must be aware of the fact that a number of other things have developed along with Head Start. Among these things is the Child Development Associate program. For the first time in our nation's history a priority was placed on the early development of young children and reflected at the national level by the development of what some people have called a new professional category. Because of the support of the Office of Child Development, many organizations which had a priority interest in the development of young children were able to come together and plan jointly for the improvement of quality in the care of our nation's children. Included among these were child advocacy organizations, medical organizations, educators, and civil rights organizations. All these and other organizations came together with a common purpose to develop a conception of quality child care.

Over the past few years, the initial dreams have become a reality. Thousands of hours have gone into the development of training programs for the Child Development Associate. At the same time, thousands of hours have gone into the development of an assessment system to evaluate the CDA candidate in several specific areas. Then, at the end of training and evaluation, the new CDA was made eligible to receive well-deserved recognition by the award of a credential.

All three of these things were bold strokes. For the first time, a well-defined and articulated set of training and assessment goals was developed for the national level. This was most unusual in education and development work. For the most part, training and assessment goals have been quite varied in such fields as teacher education. And for the first time, from North to South and coast to coast, a credential was available which had a common meaning.

Head Start, like CDA, began with a real sensitivity to cultural diversity. It became clear to those of us who worked in various places around the nation that while American families have much in common, many families and communities are quite distinct. They live in a variety of conditions, from crowded urban areas to the rural heartland of the country. Sensitive observers have seen that no matter where parents, children, families, and communities are located, and no matter what their cultural pattern, all were keenly committed to the development of their own children and welcome the opportunity to play a special part in the development of the CDA, the new professional.

Here, then, were Head Start and CDA--two efforts which placed a major emphasis on parent and community involvement. No other assessment system for professionals is quite like CDA in that respect.

The development of this new professional allowed for the development of a special responsiveness to local conditions and to explicit ways in which local people could be involved in the process of training and testing of professionals who would work with the children of that local community.

I consider myself very fortunate to have been able to to work with the Child Development Associate Consortium during those early days. I can recall the excitement of everyone when we tried one of the first pilot projects, a project to determine how a new assessment system could work. I can recall the excitement which the CDA candidates exhibited as they went about the business of trying to collect with a video camera samples of their work which they could show to a local committee of community and professional people.

There were days when the candidate did not want to be video taped at all. At the same time, there were those priceless moments that each candidate was more than pleased to have captured and saved by the magic of the video tape camera. In the end, each candidate was able to develop a one-half-hour video tape with samples of his or her best work. In addition, samples of the work of children, which had been accomplished under the guidance of the CDA, were pulled together into an early version of the portfolio.

Can't you see it now. The committee was assembled--a member of the staff of the child care center, a member of the faculty of a university, a parent of one of the children in the center: all sat together to receive information about the CDA candidate's performance and to determine if that information was sufficient proof that the candidate had met the high standards of CDA.

I remember how several of us were quite surprised that, contrary to our belief that the CDA candidate might find the ordeal of evaluation quite frightening, the exact opposite was the case. Since the CDA candidate had been developing unique samples of work very carefully, over time, by the time the assessment team was convened, most of the CDA candidates were proud and eager to show and to explain what they could do.

As a long-time teacher-educator, I remember being pleasantly surprised. I had seen few teachers approach the evaluation setting with such eagerness and pride. I like to think that this eagerness and pride on the part of the CDA candidates was due to a close tie between the training and the testing situation. This was breaking new ground. The assessment went far beyond the traditional paper and pencil test which many professionals take as their final evaluation. With the CDA, the watchword was "show what you can do", not "show what you can remember in writing."

It would be naive to suspect that something of the magnitude of the Child Development Associate program could be developed and put into place without great difficulty. There were those who became fearful, felt threatened, or were simply unenthusiastic about this important new effort. For example, even among the strongest supporters of the Child Development Associate program, there was extreme caution about the idea of the development of a national credential. We all knew that credentials traditionally have been offered by the States. We knew that central, Federal control of professional processes could be bad as well as good.

We resolved this fear among ourselves by thinking about the CDA credential as a badge which signified a quality performance. Yet, it was to be a badge which the individual States could evaluate and determine on their own how, if at all, it would be incorporated into the State's way of certifying competence. So as you can see, the big problem was how could we offer Federal assistance without the imposition of Federal control.

The Child Development Associate training and credentialing program became a challenge to traditional testing and assessment practices and caused some people to sit on the sidelines and wait for failure. There were those who could not quite understand how a standardized assessment process could allow for local variation and local participation--even local decisionmaking. And yet, the Child Development Associate Consortium did develop a way which combined the best of two worlds. On the one hand, a representative of the Child Development Associate Consortium would be designated to participate in the assessment process and to verify the quality of that process. The CDA representative would certify that a rigorous assessment had taken place and that members of the assessment team actually had performed their jobs well. On the other hand, there would still be room for the independent opinion of each member of the Local Assessment Team with respect to the quality of performance of the candidate.

As I think about it now, I'm not the least bit surprised that so many of the Child Development Associate candidates have approached the assessment situation with such energy and excitement, and that following the assessment situation, they are so proud of being CDA's. It has also been a very pleasant surprise to discover that CDA candidates have been quite varied in their educational backgrounds. Many college graduates have been anxious to earn CDA approval and have been among CDA's strongest supporters.

We know there have been real questions regarding the place for CDA with respect to existing child development training programs in colleges and universities, as well as community colleges. Everyone that I know who has been associated directly with the CDA program has seen this program not as a competitor to existing training programs in higher education; quite the contrary. We have seen the CDA as the first step in a career ladder. We feel certain that with experience, many CDA's will choose to expand their professional preparation. Therefore, the question will be one of how to build bridges between what is being done in the CDA program and other programs for professional preparation in institutions of higher education. We now have information that this career ladder is in fact a career ladder. What has happened is that the door of opportunity has opened to segments of our population who were not reached previously.

The CDA program has been democratic from its beginning. We have seen cultural diversity at every level of the process--from the make-up of the staff at the Office of Child Development, to the make-up of CDA training programs, and to the staffing of the Child Development Associate Consortium. In addition, those who have worked in the field to make the CDA program work, have been a rainbow of cultures. Perhaps it is this which gives the CDA program and the Head Start program its special character and flavor. Clearly, diverse groups have been able to work together quite successfully for common human and professional purposes.

There is no need for timidity when we think about the growth and the development of the Child Development Associate program. We do not have to walk cautiously and lightly. Rather, we can be quite bold because we have brought innovation to the human services field and have developed practices which can and should serve as standards for other human service workers.

The CDA program is a performance-based program. We demonstrate competence rather than talking about it. We have shown that community involvement and community sensitivity are not empty ideas, but can be made into hard realities, and that in doing this the grassroots support of our constituency can be gained.

The CDA family holds a debt of gratitude to a small, devoted, and dedicated core of "Washington bureaucrats." They care, the organizations which have supported CDA care, the candidates care; but most of all, I am certain that the parents care, for as they have become familiar with the CDA program, we can sense a growing level of support.

This brings us to the future. The CDA program can and should grow. Its growth will be important to all those who hold the CDA credential. As more and more States become convinced that the CDA credential is a measure of quality upon which they rely, and as they join the ranks of those who endorse that credential and incorporate it into their standards, the credibility of the program will be increased for all. It behooves us, therefore, in each of our individual States to work as diligently as possible to insure that the word is passed about CDA. Officials in State departments and child advocacy organizations must be given the kind of information which they need in order to be of strong support to us and to the program. This in no way is self-serving; indeed, it is our best way of guaranteeing the highest quality of child care for our children.

The situation in Miami, where an entire community erupted in response to the beating death of a black insurance executive, is tragic indeed. As we begin to analyze the reasons for both the beating death and the reaction to it, we become aware of the large number of American citizens who live in constant poverty--many for the fourth and fifth generation. Frequently, they are without hope, and in the case of Miami, are put in the position of observing newcomers to the scene advancing economically, socially, and politically.

Many of the children served by Head Start are the children of parents who live in such poverty and oppressive conditions. The original Head Start intent was to counter the effects of debilitating poverty and neglect. The CDA program is a small contribution to turning that situation around. There are direct benefits to children in the form of education and nurturing for their development. At the same time, there are important indirect benefits for many of those same children when programs such as the CDA open additional doors to employment and advancement for a part of our population which has all too few opportunities. This will be helpful to those individuals who are so employed. However, there is a further indirect benefit of the CDA program, and that is, that by involving increasing numbers of CDA's from the communities which are being served by the program, children and families have an opportunity to experience education and development in environments which are not characterized by alienation.

In short, the CDA program has been important to children, important to parents, and important to communities. Moreover, it has been important to the profession as well. It is remarkable that as new as it is, CDA has offered significant leadership in the field of education and child development. If the next 15 years of support for child development programs includes the equivalent, further development of CDA, we will have something for which the nation can be both grateful and proud. So as we wish Head Start happy birthday, we must think as well of the CDA program, out of which Head Start will draw additional strength.

May 21, 1980

CDA ORIENTATION AND OVERVIEW

(Designed for those new to CDA)

Imperial VI
North Tower Building
4th Floor

9:00-9:10	Welcome and Introductions **Pearl Draine** Child Development Specialist ACYF, Region VII Kansas City, Missouri
9:10-9:40	The National CDA Effort — From Concept to Reality **Jenni W. Klein** Director of Educational Services ACYF Washington, D.C.
9:40-10:05	The Major Components of the CDA Program **Warren Kinsman** Senior Technical Assistance Specialist University Research Corporation Washington, D.C. Slide/tape: *The CDA Program*
10:05-10:15	BREAK
10:15-10:45	The CDA Assessment and Credentialing Process **Robert Granger** Executive Director CDA Consortium Washington, D.C.
10:45-11:15	The Experience of Becoming a CDA **Barbara Brown, CDA** Teacher Liberty City Head Start Miami, Florida **Sandra Patrick, CDA** Staff Development Coordinator Manatee County Head Start Palmetto, Florida
11:15-11:30	Discussion/Questions

The National CDA Effort--From Concept to Reality

Jenni W. Klein

The Child Development Associate program was initiated by the Administration for Children, Youth, and Families (formerly the Office of Child Development), a unit of the U.S. Department of Health and Human Services (formerly the Department of Health, Education, and Welfare). It is a national effort to improve the quality of care for young children in child care settings by focusing on the competence of the child care staff. It features a nontraditional route to a professional credential for child caregivers, called Child Development Associates, or CDA's. The CDA credential is awarded based on demonstrated competence and entitles the CDA to take the role of the primary caregiver, or teacher, in center-based programs.

Program Overview

Three components are included in the total CDA effort:

- CDA Competencies
- CDA training
- CDA assessment and credentialing.

The CDA Competencies--the knowledge and skills required of the Child Development Associate--are the basis for training as well as for assessment and credentialing. CDA training is designed to help individuals acquire the CDA Competencies. Individuals are assessed and credentialed through the Credential Award System. The key concept in the CDA effort is demonstrated competence. Unlike the traditional approach to professional credentialing, which is based only on academic degrees or number of courses taken, the CDA credential is based on the candidate's demonstrated ability to work with and assume primary responsibility for the education and development of a group of preschool children.

Historical Background

The CDA program was initiated because there was a need to improve the quality of programs for young children. All of you know that the adults, the teachers, and other staff members who work with the children are key elements in any child care program. The concern at the national level during the early 1970's was twofold: to increase the competence and the numbers of child care personnel.

The number of programs for preschool children had increased very rapidly. Statistics showed that the number of licensed day care facilities in the United States had tripled during the 1960's and that enrollment in other programs for children aged three through five had doubled. There was a growing public awareness of the importance of the early years--the "preschool" years. During this same period, an increasing number of women were joining the work force.

Across the country, State certification standards had been carefully set for elementary and secondary education teachers, but very few States showed even an interest in certification of preschool teachers. And although many States required licensing for day care centers and set standards for health and safety, staff qualifications were usually not specified.

The time was ripe for a national effort to focus on child care. A training system was needed to improve the competence of staff and to increase the number of new staff entering the field. Alternatives to the regular college channels for credentialing were needed. At the 1970 NAEYC conference, Dr. Edward Zigler, then the Director of the Office of Child Development, addressed these needs and assured conference participants of commitment at the national level.

The CDA Competencies

In 1971, leaders in the field of early childhood education and child development worked with us at ACYF to identify the knowledge and skills that would be required of competent child caregivers. We asked ourselves, "What is it that a competent child caregiver must be able to do and be?" We then described six broad CDA Competency Areas, identified subcategories of skills related to each broad Area, and also developed a list of Personal Capacities. Personal Capacities are skills in relating to children considered essential to the CDA's ability to demonstrate the Competencies.

The six broad Competency Areas and the list of Personal Capacities developed then remain the same today.[1] The Competencies are the philosophy or framework, if you will, of good early education and child development. As many of you know, the CDA Competencies are used all over the United States and in other countries. I have visited foreign countries where people have shown me the CDA Competencies.

At still another NAEYC conference--this time in 1971--Dr. Zigler officially announced implementation plans for the national CDA project. He emphasized that there would be a plan for training and a plan for assessing and credentialing. The plans would include a method for recognizing child care workers who were already competent, but who had no formal credential.

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[1] See Dr. Klein's "Opening Remarks" for a listing of the six CDA Competency Areas.

CDA Training

Once the Competencies were established, the next question was, "How do we train people to acquire the Competencies?" As with all parts of the CDA effort, the early childhood education and child development field was involved in discussion that resulted in Training Criteria published by ACYF as "training guidelines." These training guidelines have been used by hundreds of colleges and training groups. Like the Competencies, they are basically the same now as when they were initially set out.

They require training to be based on the CDA Competencies, valid credit to be offered for CDA training, 50 percent or more of the total training time to be spent in supervised field experiences, academic and field experiences to be integrated, and each intern's program to be individualized and flexibly scheduled according to rate of acquisition of the CDA Competencies.

During 1973, ACYF turned its attention to designing and implementing CDA competency-based training. The first major training effort was the funding of 13 CDA pilot training projects. These projects were to develop innovative approaches to CDA training based on CDA training guidelines and the CDA Competencies. They operated for three years./2/

Toward the end of 1973, CDA training was incorporated into Head Start Supplementary Training (HSST) programs for Head Start classroom staff, which provided access to CDA training to thousands of Head Start staff. During the following years, the pilot projects developed and implemented a number of innovative training approaches, and the HSST programs continued the task of converting to CDA competency-based training for classroom staff.

CDA Assessment and Credentialing

In 1972, representatives form the American Association of Elementary/Kindergarten/Nursery Educators, the Association of Childhood Education International, and the National Association for the Education of Young Children established the CDA Consortium as a nonprofit corporation whose major task was to develop the assessment and credentialing system. The CDA Consortium was then funded by ACYF. Other associations and organizations interested in children and their welfare and in teacher education joined the original group, and a Board of Directors was formed that included two public representatives.

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[2] Leroy Jones, Trudy M. Hamby, and Sarah B. Hardy, CDA Pilot Projects: Innovations in Training, Washington, D.C., University Research Corporation, 1978, pp. 82-102.

The Credential Award System

The CDA Consortium worked with contractors, subcontractors, researchers, the pilot projects, HSST programs, task forces, and colloquies to design the performance-based assessment system and a method for awarding the CDA credential. In 1974, the Consortium defined the role of the CDA and further delineated the 6 CDA Competencies into 13 Functional Areas to enable more specific observation within the broad Competency Areas. Consistent with the CDA concept of demonstrated competence, the Credential Award System consists of performance-based assessment. It is conducted by a team of people, called the Local Assessment Team (LAT), made up of the candidate, a parent representative, an advisor, and a CDA representative, who is specially trained. Each team member observes and collects information about the candidate, and the team then makes judgments about the candidate's competence in each Functional Area. The first CDA credentials were formally awarded in a special ceremony in July 1975.

Bilingual/Bicultural Projects

During the same year, 1975, development of CDA training methods, materials, and curricula specifically for staffs working with Spanish-speaking children began through Bilingual/Bicultural CDA pilot training projects.

CDA State Efforts

In 1976, a CDA State effort was initiated. Although much work had already been done by both the CDA Consortium and ACYF to encourage the States to incorporate the CDA credential into their child care regulations, ACYF began concerted efforts toward this end during 1976, focusing specifically on 10 States. (As of July 1980, 18 States and the District of Columbia had recognized the CDA credential by incorporating it into their child care licensure procedures. The States are Arizona, Illinois, Kansas, Maryland, Michigan, Minnesota, Nevada, New Mexico, North Carolina, North Dakota, Oregon, Pennsylvania, South Dakota, Texas, Utah, Virginia, Washington, and Wisconsin.)

CDA: Growth and Development

The years of 1977, 1978, and 1979 were years of fast growth and development for CDA. The first Bilingual/Bicultural (Spanish) CDA credentials were awarded in 1979. Strides were made in the implementation of CDA training. New insights were gleaned and shared, and that is basically the way the CDA program developed. The purpose has always been: good programs for children through competent child care staff or child care workers--the CDA's.

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The CDA Assessment and Credentialing Process

(This article reflects contractual changes in the operation of the CDA Credential Award System that took place following the CDA Seminars.)

Robert C. Granger

Since June 1979, there have been a number of disruptions in the implementation of the Child Development Associate (CDA) assessment and credentialing system. The contract that was signed on April 14, 1980, terminated on June 30, 1980. Finally, in December 1980, Bank Street College of Education was awarded the contract to assess and credential Child Development Associates. The Bank Street proposal was supported by the Board of Directors of the Child Development Associate Consortium, Inc., when that organization elected not to submit a proposal.

The purpose of this article is to describe the current status of the CDA assessment and credentialing system, including a description of the current contract and a brief discussion of Bank Street's approach to the contract tasks./1/

Contract Tasks

The current contract has six tasks.

Task 1. Implement the CDA Credential Award System by:

- Processing enrollment, application, and readiness forms
- Assessing 3,000 candidates
- Awarding CDA and Bilingual/Bicultural CDA Credentials
- Processing CDA Credential Renewals.

The CDA Credential Award System, based on the CDA Competencies and the Local Assessment Team (LAT), continues to be used. The CDA Credential, Bilingual/Bicultural CDA Credential, and the CDA Credential Renewal are being awarded. All files and materials

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[1] Persons wanting more information should contact the CDA National Credentialing Program (the new name for the office) at the following address/phone number.

CDA National Credentialing Program
1341 G Street, N.W., Suite 802
Washington, D.C. 20005
Tel. (800) 424-4310 or (202) 638-6656

used in previous years are available so that all candidates can continue their assessment activities where they left off.

Task 2. Develop and implement a field services component by:

- Utilizing regional consultants to conduct workshops and distribute information
- Activating a field support network of volunteers to support candidates.

The implementation of the field services component involves three major items. They are:

- Ongoing correspondence with training programs
- A field network consisting of regional consultants and a volunteer network
- A "hotline" service with a toll-free number available for any information needs.

The CDA National Credentialing Program is making a concerted effort to identify all persons and institutions doing CDA training. The regional consultant activity is designed so that there is one regional consultant in each of the Department of Health and Human Services regions. These persons are available to any interested persons as a source of information for the CDA project.

Task 3. Monitor and improve the Credential Award System by:

- Onsite monitoring of CDA representatives
- Monitoring and reviewing the Local Assessment Team process
- Reviewing the CDA Task Force Report.

A number of activities will be conducted as part of an ongoing effort to improve the assessment and credentialing system. First, a sample of Local Assessment Teams will be identified for monitoring this year to ascertain whether or not team members are implementing the system as it is designed. Part of this effort, through questioning of team members, will also be designed to identify things about the assessment and credentialing system that should be changed. Second, in order to gather more information about possible changes in the system, a survey will be conducted during this first year.

The third component of this contract task involves generating a response to the CDA Task Force Report. The Task Force was formed by the Administration for Children, Youth, and Families (ACYF) to assist ACYF in long-term planning for the CDA project.

Task 4. Expand the Credential Award System by:

- Beginning the development of competencies and assessment methodologies for:
    - home visitors
    - family day care providers
    - infant care providers
    - caregivers who work with handicapped children.

The current assessment and credentialing system is designed for persons working in center-based programs serving children ages 3 to 5. During this contract, the system will be expanded to permit CDA assessment and credentialing of persons working as home visitors, as caregivers of children under 3 years old, as caregivers for children with special needs, and persons working as family day care providers.

The main task during the first year is to develop competencies and design assessment systems for persons working in family day care or as home visitors. The assessment systems for these two groups will be field tested and implemented in the second year. Also in the second year, competencies will be developed and assessment systems designed for persons working with children with special needs and persons working with children under 3. The assessment systems for those two groups are designed to be field tested and implemented in the third contract year.

Task 5. Administer the CDA representatives pool by:

- Recruiting, selecting, and training 50 new CDA representatives
- Providing inservice training for CDA representatives.

CDA representatives are persons who work for the CDA National Credentialing Program on a consultant basis. These individuals have been trained in the procedures and policies of the CDA assessment and credentialing system and function as peer members of Local Assessment Teams. During each year of this contract, it is planned that new persons will be trained to be CDA representatives.

Task 6. Administer a public information network by:

- Distributing information about the CDA Credential Award System
- Participating in national and regional conferences.

During the first year of this contract, we will do presentations on CDA assessment and credentialing at up to 10 national conferences and up to 15 regional meetings. This activity began almost immediately upon contract award. National conferences which remain to be attended include the annual meetings of the National Association for the Education of Young Children, the National Head Start Association, the National Black Child Development Institute, and the Day Care and Child Development Council of America.

Summary

The Child Development Associate assessment and credentialing program is once again fully functioning. Procedures have been established to make it as easy as possible for candidates to renew their progress toward assessment, while still preserving the integrity of the assessment system.

In addition to continuity in the assessment and credentialing system, important new activities have begun. These include the establishment of a direct link with CDA training programs, the monitoring of the system, the expansion of the system to new populations, new resources for training and monitoring of CDA representatives, and the establishment of the CDA Credentialing Commission.

The combination of new activity grounded in a context of continuity with the past will insure a strong system in the future.

The Experience of Becoming a CDA

Sandra Patrick

I was employed by Manatee County Head Start as a teacher in 1968. In 1973, the position of staff development coordinator was added to that of teacher. One of my responsibilities as staff development coordinator was recruiting staff for CDA training.

My decision to seek CDA assessment was based on three things: (1) the draft policy for long-term incorporation of CDA into Head Start, (2) an example for my staff, and (3) the challenge.

I was encouraging my staff into training and toward assessment, and it was an "unknown"--a rather scary proposition. So I felt that I would set the example and thus be better able to give them first-hand information on the actual process.

The CDA assessment is a great challenge. It is putting all that you are professionally on the line, to be reinforced or rejected. I wanted to know if I could meet that challenge.

After the inevitable decision was made and the Local Assessment Team (LAT) trainer and parent-community representative were chosen, I started on my portfolio. The development of the portfolio is time-consuming and sometimes difficult. I say difficult because it must be organized and clearly written and because the selection of entries is not a clear-cut or easy task. The portfolio must demonstrate the individual's competence.

Only a few days after my readiness form was sent to Washington, I received a call from my CDA Consortium representative. She wanted to be sure that we were ready at the local level. We set the date--dates I'm not likely ever to forget.

On the day of the assessment, the CDA Consortium representative arrived at school early. During the morning, she sat near the door taking notes. In the afternoon was the interview. The LAT meeting was held the next morning and lasted about six hours.

I had really been dreading the LAT meeting. I guess I was expecting the worst, but I found it to be a real ego trip. It is rare that a group of people get together to discuss one of the group in such a positive way.

Each Functional Area was discussed. Strengths and weaknesses were documented, and recommendations were made. The atmosphere was totally supportive.

The whole CDA process was a fantastic experience. I learned a lot about myself, gained in self-confidence, and increased my professional status and job potential. I am glad I made the effort.

Currently I am coordinating the CDA program in Manatee County and teaching the CDA courses at Manatee Junior College.

I sincerely urge any of you who are thinking about CDA to get involved and get assessed. You will be glad you tried it.

CDA TRAINING

(Designed for those interested in setting up center-based CDA training, inservice training, or desiring information on negotiating with colleges for training)

Voltaire
Main Lobby

9:00-9:10	Welcome and Overview Darlynn L. Maybon Region III HSST/CDA Specialist Head Start Regional Resource and Training Center University of Maryland/ University College College Park, Maryland
9:10-10:10	CDA Training: Key Features and Concepts Trudy M. Hamby Director, Curriculum Development University Research Corporation Washington, D.C. Sally Hardy Project Director CDA Training and Technical Assistance Project, Region IV University Research Corporation Atlanta, Georgia
10:10-10:20	BREAK
10:20-11:15	Setting Up and Implementing Center-Based CDA Training Carrie Cheek Assistant Director Specialist Services Program, Project Head Start School of Continuing Education New York University New York, N.Y. Negotiating with Colleges for the Provision of CDA Training Martha Honeycutt Program Director Arizona/Nevada CDA Program Central Arizona College Coolidge, Arizona
11:15-11:30	Discussion/Questions

CDA Training: Key Features and Concepts

Trudy M. Hamby

Historically, the most significant features of CDA training are those embodied in the six CDA Training Criteria, the training guidelines that are included in the ACYF policy requirements for incorporating CDA training into Head Start Supplementary Training (HSST) programs. They specify that:

1. The training should be based on the CDA Competencies and should lead to their acquisition.
2. Valid credit should be provided for training./1/
3. Fifty percent or more of the intern's total training time should be spent in supervised field work.
4. Training should be organized so that academic and field work are an integrated set of experiences.
5. Training should be individualized according to each intern's strengths and needs with respect to acquisition of the CDA Competencies.
6. Training should be flexibly scheduled so that length of training time varies according to each intern's rate of acquisition of the CDA Competencies.

Other Key Features

A number of other key features of CDA training have emerged and evolved as a direct result of actual implementation of training in adherence to the CDA Training Criteria.

Team Relationship

The first, and foremost, key to CDA training is the team relationship between the field supervisor and the intern. Although the field supervisor is an important authority figure for the intern, the intern's contributions about his or her own training strengths, needs, and progress toward acquisition of the Competencies are considered equally important.

It is difficult to pinpoint any one factor that contributed to this evolving CDA training characteristic. As CDA training projects began operation, some found the traditional designation of "field

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[1] Programs using Head Start Supplementary Training/Child Development Associate Account 20 funds are required to provide valid credit.

supervisor" was not adequate to describe the roles and responsibilities of this person who was in charge of implementing the 50-percent or more field supervision criterion. Thus, the term "field advisor" was introduced. In some programs, the ability of the field supervisor or "advisor" to work with the intern was considered to be his or her most important attribute.

This key feature that is unique to CDA training is consistent with the team relationship called for in the CDA assessment process for credential award. It is a team of persons--the Local Assessment Team--that makes judgments about whether competence has been demonstrated. As a member of the LAT, the CDA intern--at this stage called a CDA candidate--operating as a peer, has an equal voice in making judgments and has an equal vote.

Accessibility of Information

A second feature of CDA training is accessibility of information regarding the intern's demonstrated competence. Any information that is brought to bear on making decisions about the intern's training strengths and needs in acquiring the CDA Competencies is made accessible to the intern. This procedure is consistent with the principle of "reviewability of information" that is featured in the CDA assessment process wherein all information about the CDA candidate is written in legible form and is reviewed by each member of the Local Assessment Team.

Professional Self-Development

A third feature of CDA training that is also directly related to the team relationship and concerns the roles and responsibilities of both the field supervisor and the intern is professional self-development. In CDA training the intern takes equal responsibility for his or her own learning and makes ongoing self-appraisals about personal level of skill in demonstrating competence. Another area of responsibility for the intern is sharing decision-making with the field supervisor in setting up his or her own individualized training plan. The field supervisor, accordingly has the responsibility of practicing and maintaining the balance between being completely in charge of the training and decision-making, to sharing the responsibility with the intern.

Integration of Knowledge, Skills and Attitudes

A fourth key feature of CDA training relates to its particular perspective on competency-based training. In CDA, the focus is on the intern's integration of knowledge, skills, and attitudes. Just as the separate academic subjects are integrated in the early childhood curriculum, so are the overlapping CDA Competencies and Personal Capacities.

The Personal Capacities--the attitudes and sensitiveness to children and other adults--are focused on throughout the training and are considered essential to the intern's ability to demonstrate the

Competencies. There are many specific skills--or Indicators--embodied within each Competency and respective Functional Area, and those Indicators that the intern is performing competently are viewed and judged in relation to other factors, rather than in isolation. The CDA intern is viewed as a whole person.

Use of Indicators vs. Behavioral Objective Approach to Determine Competence

A fifth key feature that relates to the CDA perspective on competency-based training is the performance-based method that employs the use of Indicators to determine competence. This process is completed in two steps. In the first step, data are collected on the intern's performance with children and adults in the child development setting. In the second step, the data are analyzed in relation to the Competency Standards by using the Indicators. These procedures differ from those used in some competency-based programs in which the first step is to designate a number of behavioral objectives and the second step is to apply that predetermined list while the individual is working with children and adults in the child care setting. In CDA training, there is no predetermined list of skills, or Indicators, that every intern must demonstrate.

Consistency Between CDA Training and Assessment

The basic design of CDA ensures consistency between training and assessment because of the interrelatedness of the three major components of the CDA Program: the Competencies, CDA training, and CDA assessment and credentialing. The CDA Competencies are the basis for both the training and the assessment. There is also procedural consistency in that the intern carries major responsibility as an equal member of the appraisal team and the assessment team. The focus, in both the training and assessment, is on the acquisition and demonstration of competence.

Comparison Between CDA Competency-Based Training and Other Training

Basic Differences in Approach

A basic difference between the CDA approach and the approach to professional certification in most teacher education programs is that award of the CDA credential is based on demonstrated competence, rather than on numbers of academic courses taken, credits earned, and degrees conferred. The concept of demonstrated competence is also applicable to CDA training and distinguishes it from other forms of training. As previously discussed, an initial appraisal of the intern's strengths and training needs with respect to acquisition of the CDA Competencies is made upon program entry, and ongoing appraisals are continued throughout the training program.

Other differences between CDA and other types of training are with respect to:

- Training program entry and exit requirements
- Academic course work
- Extent of required field experiences
- Relationship between academic and field work
- Length of training time
- Certification procedures
- Involvement of training institutions.

Figure 1 presents the major differences between approaches in CDA training programs and those generally taken in teacher education programs, and it highlights the CDA Training Criteria.

Commanlity Between CDA Training Programs and Teacher Education Programs

One characteristic of CDA training that is very similar to that of teacher education programs is diversity in training approach. Just as colleges and teacher training institutions have different program philosophies and priorities for their students, so also do CDA training programs.

CDA training allows for program uniqueness resulting from diversity in geographic location, cultural and ethnic makeup of children and families served, and program philosophy. There is no one set of specific skills that each intern must demonstrate, and there is no one set of training activities that each program must include. There are numerous ways that the CDA Training Criteria can be met.

Figure 1. Differences Between CDA Training Programs and Teacher Education Programs, Highlighting CDA Training Criteria

	Teacher Education Programs	CDA Training Programs	Training Criteria
Entry	Standards set by institution--entrance examination, high school diploma. All students begin program according to academic calendars.	Open eligibility. Intern must be at least 17 years old or have high school diploma; must meet local health requirements for working with children. Interns enter training when openings become available.	Flexible scheduling
Academic Work	Stipulated for all students. Academic work includes courses in child development, teaching methods and general academic requirements, such as history, science, sociology. General academic work usually precedes education courses.	Individually designed to meet each intern's needs Each intern given an initial entry appraisal to determine his or her strengths or training needs with respect to the Competencies. CDA Competencies are basis for academic work.	Training based on the Competencies Individualization
Field Experience	Practice teaching follows academic course work. Field experience usually limited in duration.	Academic and supervised field work occur simultaneously. Field work comprises 50 percent or more of total training time.	Supervised field work
Relationship of Theory to Practice	Usually does not occur until the culmination of the training during practice teaching.	Academic theory thoroughly integrated with field experiences. Both academic and field experiences based on specific set of Competencies designed for CDA's.	Integration of Academic and Field Experiences
Time	2-4 years.	Varies according to intern's progress. Two years is an expected maximum for acquiring the Competencies.	Flexible Scheduling Individualization
Exit	Standards established by the institution--completing the academic program with acceptable or satisfactory grades.	Standard met by successful acquisition of the CDA Competencies. Assessment of demonstrated competence executed through the Credential Award System.	Flexible Scheduling Training based on the Competencies
Certification	Degrees, certificates, or credentials awarded to student by institution.	Child Development Associate credential awarded to intern by the CDA National Credentialing Program.	
Institutions Involved	Colleges, community and junior colleges, and universities.	Colleges, community and junior colleges, and universities, in cooperation with, and in addition to, wide variety of other organizations interested in training for child care staff.	

Negotiating With Colleges for the Provision of CDA Training

Martha Honeycutt

One of the more common avenues of securing CDA training is the use of the community college. Because of the "community service" philosophy of most colleges, a competency-based program such as CDA is a natural project. The negotiations necessary for a good, coordinated CDA program require skills that are unique to academic circles and should be acquired by Head Start personnel, particularly direct-funded grantees.

After six years of negotiating with community colleges, the Arizona/Nevada CDA training program has developed a list of criteria that appear to be crucial for successful negotiations with colleges for CDA training. They are:

1. Know CDA. The CDA training criteria are:

- Training based on the CDA Competencies
- Supervised field work
- Integration of academic and field work
- Individualization with respect to Competencies
- Flexible scheduling
- Valid credit.

These criteria are one of the distinguishing features of CDA training. They are also policy when using Head Start Supplementary Training Program Account 20 funds. Therefore, it is critical to build the CDA program around the six Training Criteria. The criteria are also an excellent base for evaluation of CDA program quality. For a more complete description of each criterion, contact the CDA Resource Center at the University of Illinois, Urbana, for written materials.

2. Research the college to determine who is in charge of curriculum. For example:

- Academic Dean
- Dean of Instruction
- Vice President of Academic Affairs
- Curriculum Specialist.

Institutions often delegate the coordination of field-based classes to people other than the department chairpersons. It will take investigation to determine who will have that responsibility at each college.

3. Be prepared to discuss the training program with several people and groups. In other words, be ready to "sell the package."

The levels of approval for any new program are diverse and therefore will require several presentations to a variety of administrative and instructional groups within the institution. Even if there is total, positive acceptance for the CDA program, this type of orientation must be clear and well presented.

4. Be prepared to develop an outline and procedure statement that can be submitted to the curriculum committee.

It is imperative to utilize the regular college format for course descriptions. These course descriptions need to follow the regular approval procedures for on-campus and off-campus instruction. It is also imperative to allow for adequate input from all departments involved if a quality CDA program is to be developed.

5. Get to know the registrar and registration system, particularly if there there might be a situation of incompletes, cross-country or district boundaries, expanded semesters, or State aid.

Often, problems develop with creative programs such as CDA that require a different type of delivery system. The problems emanate from such areas as registration, grading, transcripts, and transferability of credit. One of the key people to have involved at the outset is the registrar of the institution. This person can help direct the creation of a successful program by providing technical assistance in these problem areas.

6. If you need to contract for services, be sure to do it professionally. State who will do what for how many and for how much. Make sure both parties are clear about roles and responsibilities.

7. Establish communication with college officials and department chairpersons as well as the person delivering CDA training. This open communication can lead to increased benefits for the program, such as free counseling, tuition waivers, use of adult education facilities, and other educational services. Communication is also essential to monitor and evaluate the quality and effectiveness of the program.

Each college has its own employment contract; however, it has been helpful to have an additional contract with the instructor that exemplifies the unique nature of CDA training. A negotiated service contract that spells out the specifics of the program has proved invaluable to the Arizona/Nevada CDA program. A copy of the contract follows.

Although there are regional differences in academic institutions, there are enough similarities to validate these suggestions.

SAMPLE*
CONTRACT FOR SERVICES

THIS AGREEMENT, made this ________ day of ______________, 19___, by and between ____, hereinafter called "College", and __________________________________, hereinafter called "Advisor", covering the period ________________ to ____, witnesseth that:

1. The CDA Advisor will travel to Headstart centers and provide training to teaching staff in early childhood education, child development, and other skill areas related to the classroom teacher's duties.

2. The CDA Advisor will work individually with each Intern in the center, guiding s/his progress through competency-based training modules. Training techniques to be employed include: modeling appropriate teaching behaviors, observing Intern's teaching and providing immediate feedback, counseling with individual Interns and planning individual programs of learning activities, and providing group learning activities as appropriate.

3. The CDA Advisor will spend no less than ______ hours per week providing CDA Training to Interns under the terms of this contract.

4. The CDA Advisor will also assist those Interns who have applied to be assessed by the National Credentialing Program their preparation for assessment.

5. The CDA Advisor will participate in training seminars in the use of the Arizona CDA Modules.

6. The CDA Advisor will work with no more than _________ or less than _________ Interns.

7. The Advisor will visit the center at least ___________ times during the semester.

8. The Advisor will provide the College with appropriate reporting documentation no later than the 10th of the month.

9. Should the service level fall below the above stated minimum the contract will terminate immediately.

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*The Arizona/Nevada Program uses the term "Advisor" for "Field Supervisor."

10. For the services provided the College will pay the Advisor $_____ to be paid in semi-monthly installments of $______.

11. This Agreement may be terminated by either party at any time provided a 15-day written notice of termination is received, otherwise the Agreement shall continue in full force and effect. If the Advisor should terminate, payment will be prorated on the basis of days worked.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed in duplicate form.

______________________________	______________________________
President Date	Advisor Date
______________________________	______________________________
Vice President Date for Academic Affairs	Address ______________________________ ______________________________ ______________________________
______________________________	______________________________
HSST/CDA Date Program Manager	Social Security Number

CDA AND PARENT INVOLVEMENT

(Designed for parents and those who train parents for the CDA role)

Pasteur
North Tower Building
4th Floor

9:00-9:10	Welcome and Overview **Ron LeDoux** Program Review and Resource Specialist ACYF, Region I Boston, Massachusetts
9:10-10:00	How Can Involvement in CDA Benefit Parents? **Denota Watson** Parent Involvement Coordinator Prekindergarten Head Start Program School District of Philadelphia Philadelphia, Pennsylvania
10:00-10:10	**BREAK**
10:10-11:10	The Role and Responsibilities of Parents in the Assessment and Credentialing Process **Lillian Sugarman** Representative Monitoring Specialist CDA Consortium Washington, D.C. Methods for Effective Parent Involvement in the Assessment and Credentialing Process **Frankie Gibson** Executive Director Wichita Child Day Care Association Wichita, Kansas
11:10-11:30	Questions/Discussion

How Can Involvement in CDA Benefit Parents?

Denota Watson

First, let me share with you some of my reflections in preparing my remarks. I solicited opinions from some parents and Head Start staff; I also reviewed some literature about CDA. But the thoughts that seemed to trigger my mind the most were those of my own personal experiences. I stopped and began to assess my own growth and continued development over the past 10 years. I asked myself several questions, such as:

- What impact has Head Start had on me and my family?
- Would my goals have been the same if I had become a Child Development Associate?

I glowed and relaxed with the thoughts of all the opportunities and experiences that have been afforded to me at many different levels of the Head Start system. I was proud of the thoughts about the educational gains of my children, which were generated via their Head Start experiences. They all--four children to be exact--are in the top 10 percent of their class in school.

Some sadness burdened my mind when I thought that for all the 4-5 years of volunteer service and classroom experiences, I did not use the knowledge and skills acquired to obtain a CDA credential, nor was I encouraged by anyone to do so. But the opportunity to be involved in my children's preschool experiences was rewarding to us as a family. I redirected my energies and applied and was employed as Parent Involvement Coordinator for one of the delegate agencies in Philadelphia.

I am sure you are sitting there wondering, what does this have to do with parents in CDA? I shared with you recollections of my experiences because I began in Head Start as a classroom parent volunteer. I exhibited many competent skills, yet no one thought to suggest or recommend that I apply for a credential. Sometimes we lose a lot from others by not taking the time to let them know that we recognize their skills and that there are opportunities available.

During the time my children were in Head Start, in the early 1970's, the demand for quality preschool child development programs continued to grow throughout the country. This demand stimulated a need for an innovative approach to better prepare preschool child-care personnel. It was recently noted that approximately 85 percent of college graduates with degrees in early childhood education do not have the competency skills necessary for the present job market. Nor does their formal training prepare them for the continuing trend in our education systems; that is, the involvement of parents in the classroom with their young children.

This awareness and insight led personnel and officials of the U.S. Department of Health, Education, and Welfare, Office of Child Development (today known as the U.S. Department of Health and Human Services, Administration for Children, Youth, and Families) into what appears to be concentrated think-tank deliberations. They emerged with a new professional category: the Child Development Associate. The new project began as a pilot program in 1972 in 13 communities throughout the country. This was to enable interested individuals to apply as interns and eventually become credentialed as competent CDA professionals.

Our city, Philadelphia, was one of the 13 communities to pilot the project. I was asked to serve as a parent representative on the local CDA board. (I was Policy Committee Chairperson at the time). The responsibilities of the local board were to assist the community college in developing the training modules for each of the Competency Areas and to monitor the progress of the interns and candidates.

We had three Head Start parents as interns who successfully completed their training and were credentialed as Child Development Associates. The training was based on the interns' spending 60 percent of training time in a preschool center. Although the training was directed toward the acquisition of the CDA credential, the program focused on the development of self-direction and self-evaluation of the intern(s). The interns participated in planning and assessing their own learning activities within the structured design of each module, and they were thus able to become competent professionals (especially the parents), who were knowledgeable about preschool children and who could provide valuable educational experiences for them. They became childcare specialists who could assume greater responsibilities for the daily activities of groups of young children in center-based settings as well as their own private homes. Our three parents were able later to find full-time employment in both public and private child-care centers.

We must continue to encourage parents to take advantage of CDA training and opportunities to become CDA candidates. True, parents are key factors as part of the Local Assessment Teams, but to implement the philosophy of Head Start , we all should be conscientious of the benefits of involving parents as interns and candidates.

I believe that parents who work with children as volunteers must be given the opportunities and benefits necessary to enhance their skills and confidence in caring for groups of young children. I deeply feel this would help increase participation in the Head Start program, especially in the classroom.

The CDA concept could be used as a training tool to help guide parent volunteers and decisionmaking groups. It would help broaden their knowledge and awareness of the need for the program to provide equipment and supplies that are important for insuring a safe, enriched, and cheerful learning environment for children.

As a Head Start family, we must continue to do our very best to "Touch Children - Reach Families" in the most meaningful and lasting way. If our children are the future, teach them well and let them lead the way.

. . . Competent Parents, Competent Staff
Working Together Through Cooperative Management!

The Role and Responsibilities of Parents in the Assessment and Credentialing Process

(This is an updated version of the workshop speech presented at CDA Seminars)

Lillian Sugarman

The Child Development Associate (CDA) credential is a professional award given to any eligible person who has been successfully assessed as competent to care for young children in a preschool setting.

The eligibility requirements to apply to become a CDA are as follows:

1. Must be 16 years old or older
2. Must have access to an approved child development center where the candidate can be observed by an assigned team while he or she is working with a group of 3- through 5-year olds
3. Must have had some formal or informal training in early childhood education or child development
4. Must have had within the last 5 years at least 8 months of full-time experience or 16 months of part-time or volunteer experience working with children 3 through 5 years old in a group setting.

These qualifications offer the opportunity for credentialing to many teachers, teacher aides, and assistants, as well as classroom volunteers, many of whom are parents.

The involvement of parents in the CDA process is as natural and important as the involvement of parents in many programs for preschool children, such as Head Start, parent and child centers, and co-op nursery schools to name but a few. The knowledge that parents are their child's primary educator has stimulated programs to include parents as an integral part of planning and implementing the educational activities for their children.

The CDA project, including training and assessment, is based on the assumption that parents have the right and responsibility to know all they can about daily activities at the center and about the staff members who work with their children. Parents need to be sure that the people who care for their young children are capable and competent. Quality care at every preschool program has always meant that the center and classroom staff are experienced and responsible in the following ways:

- For children's safety both indoors and out
- For seeing that children are feeling well every day they are at the center; by keeping in touch with parents about any health matter; and by helping children learn to carry out good health habits
- For arranging the room so that children have a variety of toys, materials, and equipment from which to choose to work with, alone or with other children
- For planning the kind of indoor and outdoor play activities that promote physical growth
- For helping children develop skills in thinking, solving problems, asking questions, seeking answers
- For encouraging conversation, often using the child's home language; for encouraging listening to stories and records; for encouraging children to tell stories--where the child speaks another language, by speaking the child's native tongue, as well as English
- For creative activities, such as finger painting, singing, blockbuilding, clay work, moving to music, cutting and pasting, and cooking
- For helping children understand the world around them, and that each child is a very special boy or girl, like no one else
- For helping children become more independent and learn to express feelings, as well as to understand and control them; for encouraging children to try to "do it themselves" in tasks such as setting the table, pouring the juice, putting away the blocks, finding the book for storytime, tying shoes, zipping, or buttoning
- For assisting children in learning to get along with other children; to settle arguments peacefully; to play alone or to take part in group activities; to share and take turns.

Teachers of young children are also responsible for:

- Setting up a daily plan of both active and quiet activities and having simple rules that are easy for a young child to understand and accept
- Getting to know each child's parent or guardian and encouraging parents to become more involved in center activities and the community
- Having a cooperative attitude toward other staff members and taking part in staff activities.

All of the above items are functions that take place every day in most good preschool programs. Individuals who earn a CDA credential have shown that they are able to provide competent care for young children in these areas. The CDA assessment process is an organized way for classroom staff members to present evidence of their competence in the 13 Functional Areas.

The CDA Credential Award System relies on a Local Assessment Team (LAT) to carry out certain functions that enable them to recommend candidates for the credential.

The members of the LAT include:

1. The CDA candidate, who is the person who wants to be assessed. The candidate will choose an advisor and a parent-community representative for the team.

2. An advisor, chosen by the CDA candidate, who volunteers to serve on the team. The advisor is a local person who is a professional in early childhood education or child development. The advisor cannot be working in the same child-care classroom as the CDA candidate.

3. A parent at the center, or a community representative who is a parent, is chosen by the CDA candidate. The parent-community representative cannot currently have a child in the candidate's classroom. The parent-community representative cannot be employed at the center during the assessment period.

4. The CDA representative, who is assigned to the team by the CDA National Credentialing Program in Washington, D.C.

Each of these four people gathers special information about the candidate. Each member of the team knows what the other members are doing. There are no surprises or secrets in the CDA assessment process.

1. The CDA candidate continues with regular classroom and center activities. He or she also collects papers, pictures, daily lesson plans and other evidence of his or her work with the children and files them in a portfolio. The portfolio is divided into 13 sections, one for each Functional Area.

   The candidate also keeps the center director informed about the times that classroom visits will be made by the advisor and the parent-community representative.

2. The advisor member of the LAT visits the CDA candidate's classroom several times to observe the candidate's work with the children. The advisor talks regularly with the candidate about what has been observed and gives advice,

counsel, and encouragement, as requested by the candidate.

3. The parent-community representative visits the candidate's room more than once and observes the candidate working with the children. The parent-community representative writes down his or her observations on forms supplied by the CDA Office. The parent-community representative contacts every parent with a child in the candidate's classroom and gives each of them a parent opinion questionnaire to fill out. The parent-community representative is then responsible for collecting the questionnaires in time for the Local Assessment Team meeting. All of the questionnaires must be accounted for. After collecting the questionnaires, the parent-community representative tallies the parent opinions on a master parent opinion questionnaire. Additionally, the parent-community representative signs the candidate's readiness forms when requested by the candidate, brings all the forms he or she has collected and completed to the Local Assessment Team meeting, attends and actively takes part in the meeting and has an equal voice and vote in every decision made at the meeting.

4. The CDA representative is the fourth member of the team. When the CDA candidate, the advisor, and the parent-community representative have completed their tasks and all three agree that the candidate is ready for final assessment, the CDA candidate mails a readiness form, which the two other LAT members have signed, to the office of the CDA National Credentialing Program in Washington, D.C.

   The CDA representative arranges to come to the center to observe the candidate and to take part in the Local Assessment Team meeting. The CDA representative in most cases lives in the same area as the CDA candidate, often in the same State or community.

   The CDA representative is a professional in early childhood who has been carefully chosen and trained by the CDA National Credentialing Program. He or she has been trained to observe, interview, and be fair in making judgments about the CDA candidate's performance. He or she has also had at least 2 years of experience working with young children in a classroom setting.

All information is shared at the LAT meeting. Each team member has an equal voice and an equal vote. Team members review all the information that has been collected by each member.

The purpose of the Local Assessment Team meeting is to review all the assessment materials, including the candidate's portfolio. The four team members sit down together for several hours and discuss their observations of the candidate, including the candidate's explanation of his or her own behavior and teaching methods.

The LAT members discuss the candidate's performance in each of the 13 Functional Areas. All four members agree that the CDA candidate is either "competent" or "needs further training" in each Functional Area. For the CDA credential to be awarded, the final vote of the Local Assessment Team must be unanimous that the candidate is competent. After a team decision about the candidate's competence has been reached, the office of the CDA National Credentialing Program in Washington, D.C. is officially notified by the CDA representative.

The parent-community representative is reimbursed $15 for participating on the Local Assessment Team. This amount is not a fee, but is to cover incidental expenses, such as postage, phone calls, or gas mileage. Only the parent-community representative on the LAT is reimbursed, not the other parents.

The involvement of all the parents in the candidate's class is a vital part of the assessment of a teacher's ability to work well with young children. The CDA assessment process is hard work for the CDA candidate and cannot be done without cooperation from parents. Since the assessment is a team effort, the LAT members help each other and the other parents all along the way to understand what is going on at each step.

The CDA candidate talks with the parent-community representative about what must be done during the assessment and answers any questions that other parents may have. The CDA National Credentialing Program in Washington, D.C. sends the parent-community representative all the papers that are needed for the assessment. If parents are Spanish-speaking, papers in Spanish will be sent, if so requested by the candidate.

Parents who are involved in their child's program by attending inservice training, workshops, on-the-job training, and volunteering in the classroom are contributing not only toward strengthening the educational component of the program, but also toward strengthening themselves. If parents can meet the four CDA eligibility requirements as previously listed, and are assessed as competent in the role of the primary caregiver, or teacher, of a group of children in a center-based program, they, too, can become CDA's.

CDA WITHIN MULTICULTURAL SETTINGS

(Designed for those interested in bilingual/ bicultural/multicultural CDA programs and training)

Imperial III
North Tower Building
4th Floor

9:00-9:10 Welcome and Introductions

Soledad Arenas
Director, Head Start Strategy for Spanish-Speaking Children
ACYF
Washington, D.C.

9:10-9:50 Basic Cultural Needs of Children and Their Families

Pearl Andrews
Professor, Early Childhood Education
Southern University
Baton Rouge, Louisiana

9:50-10:20 Addressing Bilingual/Bicultural Needs of American Indian Children and Their Families

Mary Frenchman
Director
Office of Indian Child Services
Billings, Montana

10:20-10:30 BREAK

10:30-11:15 Meeting Multicultural Needs Through CDA Training and Training Materials

Masako Tanaka
Director
Preschool Bilingual/Bicultural Center
Development Associates
San Francisco, California

11:15-11:30 Questions/Discussion

Basic Cultural Needs of Children and Their Families/1/

Pearl Andrews

A relevant curriculum for children is composed of a variety of important ingredients blended together into a recipe designed to benefit the mind, body, and needs of the growing child. Any one of these ingredients would be conspicuous by its absence. Highly necessary, of course, is a qualified staff that receives its guidance from an openminded administration, all operating in a building that provides an attractive and healthy environment for diverse groups of children. In our country, this diversity includes such ethnic groups as Anglo-Americans, Afro-Americans, Asians, Mexican-Americans, American Indians, and Puerto Ricans. Since our schools have such diverse populations, a very real need exists for a multi-ethnic program designed to meet the basic cultural needs of children.

Although children of multicultural groups respond to the same set of biological, social, and cultural needs, they differ in their ways of adapting to them. The way of life in any society is influenced by its own system of beliefs, knowledge, values, and traditions. This can be called culture.

Cultural needs may be viewed as those needs that are universal to man regardless of ethnicity. Children share such basic cultural needs as the need for self-esteem, need for belonging, need for dignity, and the need for achievement. The need for self-esteem includes the need to be liked and valued by others. The need for belonging includes the need to be loved and accepted by others. The need for dignity embraces respect for the worth and integrity of each child. The need for achievement includes the need to try to be the best, the most productive, and the most creative person one can be.

Knowledge of the importance of these basic cultural needs and insight into the manner in which they influence the children's behavior should help teachers understand children of diverse ethnic groups and help them facilitate learning through a multicultural curriculum. The multicultural curriculum is a humanistic concept based on respecting individuals of all cultures. Three essential goals of multicultural education embrace: a) recognizing and prizing diversity, b) developing greater understanding of other cultural patterns, and c) developing positive and productive interaction among people of diverse cultural

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[1] An expanded version of this article has been written by Dr. Andrews and appears in the April 1981 edition of Dimensions, Volume 9, No. 3, a journal of the Southern Association on Children Under Six.

groups./2/ The multicultural curriculum is mandatory for meeting the basic cultural needs of children.

Need for Self-Esteem

A child's need for self-esteem is the most urgent cultural need. In order to concentrate on learning, the child must have a good feeling about himself or herself. Liking oneself is closely related to being liked by others. The feeling of being liked and of being worthwhile results in positive self-esteem. The term self-concept is often used to designate the idea a person has about himself or herself and the impressions he or she has of his or her own worth.

The multicultural curriculum should provide children with continuous opportunities to develop self-esteem. This development should be an ongoing process, beginning when the child first enters school and continuing throughout the child's school career. This development should include at least three areas:

1. Children should be helped to develop accurate self-identities. Children must deal with the questions "Who am I?" and "What am I?" in order to come to grips with their own identities.

2. The multicultural curriculum should help children develop improved self-concepts. Children should learn to feel positively about their identities, particularly their ethnic identities. The multicultural curriculum should also help children develop a high regard for their home language and culture;

3. The multicultural curriculum should help children develop greater self-understanding. Children need to be taught reasons for cultural variations.

The role of the teacher is vital in helping children develop a positive view of self. The teacher can provide children with meaningful multicultural books, educational materials, and activities, such as ethnic folk tales, folk songs and rhythm, games, poetry, and short stories. The teacher can also gather photographs, diaries, and other cultural documents that can give insight into families, lifestyles, values, traditions, and beliefs.

Teachers looking for books to build positive self-esteem need not search blindly. As an example, one useful guidebook to the black experience is that published by Bernard Spodek, Pearl Andrews, and

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[2] ASCD Multicultural Commission. "Encouraging Multicultural Education," Educational Leadership, Washington, D.C.: Association of Supervision and Curriculum Development, 1977, pp. 34, 290.

others under the title "A Black Studies Curriculum for Early Childhood Education." This guide is an excellent resource book for teachers, teacher educators, and administrators as they attempt to incorporate relevant black studies into early childhood programs. The content is organized around resource units that focus on African lifestyles, literature, music, and art; Afro-American language and art; and social studies. At the end of the guidebook is a list of resource materials, including books for children, recordings, posters, pictures, and games.

Denial of one's cultural and ethnic identity can have a disastrous effect on the self-image of a child. Educators and psychologists have discovered some basic truths about how self-concept affects Afro-American children. One is that, in general, the environment of the American color-caste system tends to develop negative self-concepts in black children, which results in defeatist behavior, including poor academic achievement. Another truth is that schools, which tend to serve as part of this defeating process, can instead serve to strengthen the self-concept of minority children, with a consequent strengthening of their performance as students and future citizens./3/

Need for Beionging

Children of all ethnic groups need to be liked by others, to be accepted by them, and to feel that they are a part of a group. Before the child comes to school, his or her immediate family members usually meet this basic cultural need. It is within the family that he or she gets love, comradeship, and a sense of family membership.

When the child enters school, he or she encounters a new group: different adults and peers. From them, the child will need to get a feeling that he or she is liked and wanted. The teacher can play an important role in helping children to experience a sense of belonging. By his or her own behavior, the teacher can demonstrate that he or she accepts the child. The teacher can make each student feel like a welcome, valuable member of the group. As an example, the teacher might display a bulletin board with "welcome" written in several languages: English, French, Spanish, and so on.

Frequently, the child is rejected by the group because he or she differs in some way from the others. This difference may be one of race, ethnicity, social class, language, behavior, or skill. In such cases, the teacher should try to emphasize some positive attribute of the child and in this way bolster his or her ego.

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[3] Andrews, Pearl T. "Can Afro-American Studies Affect the Self-Concept of Young Children," LAE Journal, Baton Rouge: Louisiana Association of Educators, 1979, pp. 2, 26-28.

Where differences such as race, physical makeup, or even value systems cannot or need not be changed, the task of the teacher may be one of educating the majority by presenting differences as valuable and worthwhile.

The teacher should also include, as often as possible, the variety of social norms and cultural value systems represented by the children in the classroom groups. These norms and values can provide children with a feeling of belonging and self-esteem.

Need for Dignity

If the needs for self-esteem and belonging are met and the child feels worthy and accepted, then the need for dignity will take priority. The need for dignity includes respect for the individual. Children should be taught that to be different does not necessarily mean to be inferior. The teacher should respect the culturally different child's background experiences and values. It is assumed that when the attitude of the teacher is one of respect and positive expectations for the children, the child will be more open to the teacher. It is important for the child to be able to say, "I'm somebody."

Teaching the children about their cultural heritage and the contributions of their ethnic groups can help them feel worthwhile. In classroom activities, the teacher should include artifacts and accounts of past and current events that relate to the children's experiences within their cultural group. Teachers should also invite parents and other local people of various ethnic backgrounds to the classroom. In this setting, parents and community people can relate their oral traditions, answer questions, and give new outlooks on society and history to the children. This should be done for the purpose of providing the children with a connection between what is learned and taught in the classroom and what is practiced at home and in the community. Children can learn in an environment that respects their family culture and where their dignity is recognized and valued.

Need for Achievement

The fourth basic cultural need empraces accomplishment. Every child, regardless of ethnicity, has the need to achieve and reach his highest potential. In helping children meet this need, the teacher can use role models. One problem that some minority children face is the absence of role models with whom to identify. This is especially true of role models whose achievements are in academic areas. The adults working with minority children should also serve as appropriate role models. Therefore, adults of both sexes should work with children, and some attention should be given to ethnic characteristics so that there is some compatibility with the children.

Children should also be exposed to activities, books, and materials about their own ethnic group. Ethnic materials and activities can help raise minority children's ego strengths and feelings of competence, and thus their level of achievement. An additional activity that the teacher should use to help meet the child's needs for achievement is to collect story materials directed toward achievement; stories with which the child may be able to identify. The teacher should read or tell the story to the children. The teacher should also develop original stories that illustrate achievement.

The school as a social institution and the content of the curriculum are two essential aspects of a child's learning experience which can significantly influence the minority child's self-concept and academic achievement.

Summary

This overview of the basic cultural needs of children should provide some insight for teachers and paraprofessionals. This knowledge should help teachers make provisions in their short- and long-range plans to meet the children's needs for self-esteem, belonging, dignity, and achievement.

Teachers can best meet the cultural needs of children in a school atmosphere that has institutional norms that recognize and are sensitive to ethnic diversity.

A number of teaching materials and activities can be used. Children should read and hear the past and contemporary poetry, folklore, and short stories of members of different ethnic groups. Ethnic music and rhythm, art, and dance provide other avenues for experiential participation.

Role playing of various ethnic experiences should be interspersed throughout the curriculum. The immersion of children into multi-ethnic experiences is an effective means for developing understanding of self and others.

All children, regardless of their ethnic, social, or racial background, have the same basic cultural needs.

Addressing Bilingual/Bicultural Needs of American Indian Children and Their Families

Mary L. Frenchman

If each of the 50 States had a population that spoke a different language and the people had various mores and customs indigenous to each State, how would one address the issue of bicultural and bilingual education in each State? One would design an educational plan individually tailored to each State's population.

This is how bilingual/bicultural education must address the Indian population: it must be geared toward each tribe's language and culture. Yes, this is to say that each tribe speaks its own language and has its own culture in varying degrees. Each Indian tribe is a distinct group of individuals with a language and a culture found only in that tribe. Although there may be some similarities in language and customs, there still must remain the realization that each tribe is a separate entity with a specific language and culture that should be incorporated into an educational plan.

Each community may want to develop a set of competency standards for teachers of their children. A parent committee, along with Tribal Council members and school officials, may want such competencies for the teachers that would insure a total integration of that child's culture into the classroom. I advocate that the following might be criteria used in determining these competencies for teachers of Indian students:

1. Knowledge of tribal history and structure of tribal government through tribal community resources.
2. Calendar of special events related to religious, tribal, and community events to be used by teacher and parents in curriculum planning.
3. Knowledge of and respect for rituals that are of primary importance to the tribe or tribes represented; also, knowledge of ceremonial clothing.
4. Knowledge of family structure, clans, bands, and dual cultures or dual tribal identity within a family unit.
5. Representation of tribal culture in the classroom through learning centers, books, posters, pictures, and items which families may loan.
6. An understanding and respect for child-rearing practices and the role of the extended family--of major importance in the life of an Indian child.

7. An understanding and respect for the value system of the tribe and how it may conflict with that of the dominant society. It must be remembered that various tribes and families have varying degrees of traditionalism, therefore the parents and community people would play a major part in determining the degree of culture that is to be represented in curriculum.

8. An acceptance and incorporation of the child's language in the curriculum. Parents should be able to decide to what extent the language is to be used in the classroom.

9. An environment that reflects the child's tribal culture, both with indoor and outdoor activities. It is also important that a teacher be sensitive and aware, to know what not to include, what may go against certain tribal values.

I strongly advocate parent groups to designate cultural committees to assist teachers in curriculum planning. This is particularly important, since the degree of traditional language and customs varies from reservation to reservation, and also within a reservation. It is not uncommon to find two or three tribes living within the same reservation boundaries. By having parental input, an educational plan could possibly address one or more languages, depending upon the input of the parent cultural committees.

I do not believe parents do not care about their child's education. I do believe that parents have been taught that they shouldn't care, because the teachers and schools will do all of the work. After all, "The teachers are the educated ones. What can mere parents offer in the way of planning for their child's education?" This attitude is a gross misconception. We involved with Head Start believe that each parent is the first, best, and longest lasting teacher of each child. After all, who knows more about a child than that child's parents? Who knows better than parents what they want their child to learn or how their child learns best?

The untapped resources that lie in the parents are our greatest asset to planning for the education of a child. What pride we can instill in a young child when we acknowledge his or her parents! In doing this, we acknowledge this child's existence, his or her inner being, an awakening of who that child is, and his or her cultural surroundings. For a child to see cultural materials in the classroom, just like at home, and to hear his language spoken and being taught, reassures his or her inner being of self-worth.

Incorporating a specific culture or cultures into a classroom must not be an effort. It must be a natural, spontaneous thought actualized before it can be effective. Parents, grandparents, family, friends, and community people must be active in the Head Start program in whatever fashion is comfortable for them. Many may prefer to make or lend cultural materials, some may want to do actual classroom demonstrations, others still may prefer to tell stories and talk, while some may want to take an active part in decisionmaking and planning.

Competency-based training, such as that found in the Child Development Associate (CDA) program, is a natural vehicle for teachers of Indian children to incorporate that child's language and culture into the 13 Functional Areas. For example, a handgame, if use is permitted in the classroom, could incorporate the Functional Areas of language through the songs; physical through the movements and gestures; cognitive in recognizing colors and size concepts, same and different as well as number concepts; social and group management through the teamwork involved; self-concept and environment through the activity that Mom, Dad, or family takes part in; and staff and home/center in that staff or parents may take part and it is an activity that can be reinforced at home.

When the Functional Areas of CDA, or competency-based, training become an integral part of classrooms, designed around each tribe's culture and language, then we can say we have a bilingual/bicultural education. Every student is a teacher; every teacher is a student.

"To walk in Harmony
is to Feel and to See
Beyond one's Reach.

"To walk in Harmony
is to have Felt and Seen
What one has Touched.
To the Children
goes the Feelings
the Sight
the Touch."

Meeting Multicultural Needs Through CDA Training and Training Materials

Masako Tanaka

The National Bilingual/Multicultural Network of Resource Centers consists of four centers located across the country. The center serving Head Start programs in Region IX is operated by Development Associates in San Francisco, and it is one of two centers providing training for bilingual/multicultural CDA field supervisors. The Resource Centers provide implementation and dissemination of a number of bilingual/multicultural projects funded by the Head Start Strategy for Spanish-Speaking Children (see figure 2).

In working with this bilingual CDA trainer program, we have found it helpful to develop a conceptual model of the kinds of resources and levels of training needed by different field supervisor candidates. In any training program, an important issue is to be able to provide a match between the learner and the resources available. However, for training CDA field supervisors, the need goes beyond the individualization of the program for a particular candidate. That is, the task is to provide a two-track program that not only meets the needs of the field supervisor candidates, but also provides them with a variety of ways to train on the same need, so that they are able to be supportive of the growth of their CDA interns.

As shown in figure 1, our conceptual model includes three major dimensions, as follows: a) CDA Field Supervisor Stages, b) Resource Categories, and c) Levels of Training (developing awareness, knowledge, and implementation).

All of these dimensions are important for any trainer program, but the following sections describe how they are viewed in the training of field supervisors for bilingual/multicultural programs.

Field Supervisor Stages

The titles of the following field supervisor stages are indebted to Lilian Katz's stages of teachers. The description of these stages indicates the interaction between them and the resources (primary and secondary) that are used.

1. Initiation: The trainers at this level are characterized by their interest in initiating or starting a bilingual/multicultural program. As shown in figure 1, the primary resource needed by field supervisors at this level is that of bilingual/multicultural materials (indicated by "X"). Experience has shown that these field supervisors often request general information on materials in the collection; for example, "send me all the information you have on bilingual materials."

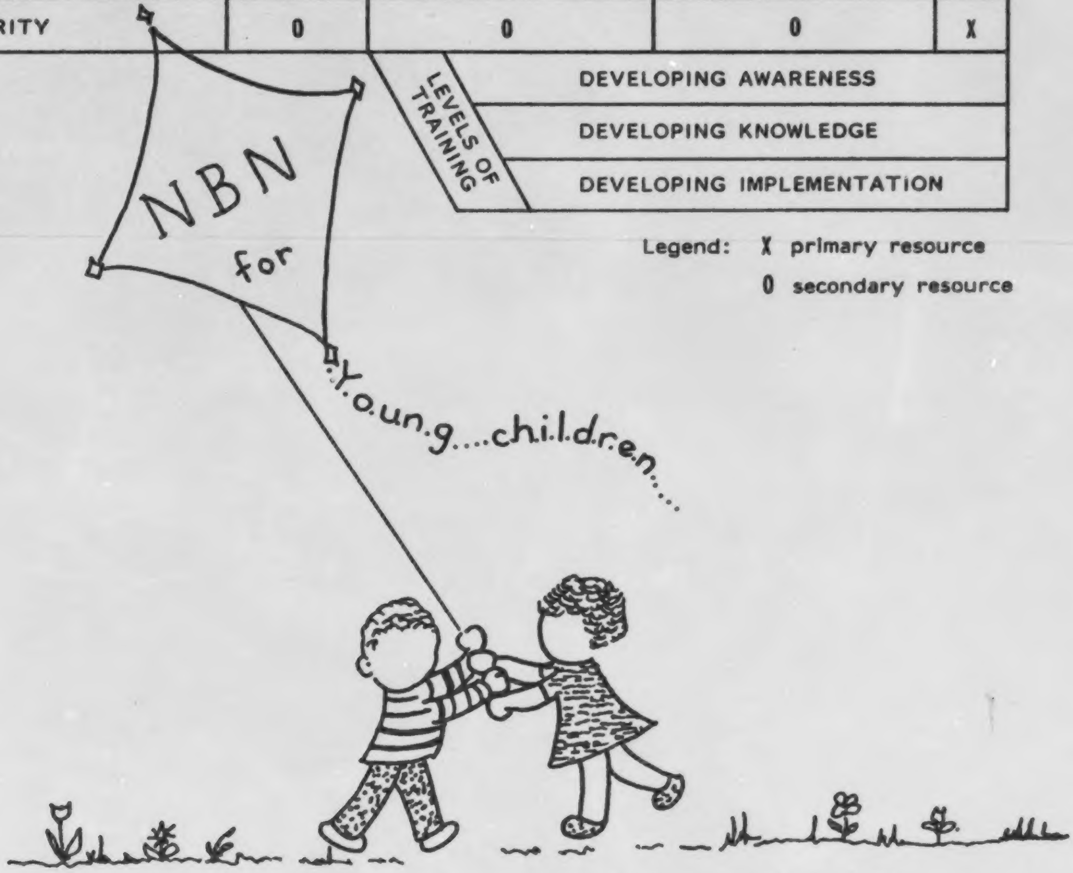
Figure 1

A Conceptual Model for Trainer Programs: Relationship of CDA to Training Resources

CDA TRAINER STAGES	Resource Categories			
	Materials	Modeling of Methods	Peers and Colleagues	Self
INITIATION	X	0	0	0
CONSOLIDATION	0	X	0	0
RENEWAL	0	0	X	0
MATURITY	0	0	0	X

LEVELS OF TRAINING
DEVELOPING AWARENESS
DEVELOPING KNOWLEDGE
DEVELOPING IMPLEMENTATION

Legend: X primary resource
0 secondary resource



Masako N. Tanaka, Ed.D
DEVELOPMENT ASSOCIATES, INC.

2. Consolidation: The field supervisors at this level already have some bilingual/multicultural materials, and their major concern is to do a better job of selection and implementation. The resources they most desire are demonstrations and workshops that focus on how to use materials and how to work with bilingual children.

3. Renewal: Those at this level have had a bilingual/multicultural program for a substantial period of time, but they feel the need to touch base with others. Perhaps they have a good program for Spanish-speaking children, and they suddenly have an influx of a large group of Vietnamese children. Such field supervisors may wish to have access to the resources offered by other field supervisors with more experience with Vietnamese children. They may also need to have help in gaining access to Vietnamese parents and community members who are part of the category of "Peers and Colleagues." Thus, the resource that is of major interest is the one called "Peers and Colleagues," and this relationship is indicated by an "X" on figure 1. In particular, these field supervisors need to develop skills to work with parents of different cultures and languages.

4. Maturity: The field supervisors at this level have had considerable experience with bilingual/multicultural education and are capable of fully utilizing the resources of materials, methods, and peers and colleagues. These field supervisors are knowledgeable enough to know what is already available; they are interested in constructing and creating appropriate program elements on their own. Thus, the resource they need most is to have opportunities to develop their own creative "self" through experiences in which they analyze, reconstruct, and implement bilingual/multicultural program elements for themselves and other people; for example, staff development. In the case of bilingual/multicultural programs, this sense of "self" may be identified by the level of commitment and energy that the field supervisor is willing to put into a bilingual/multicultural approach.

Categories of Resources

We have identified four major types of resources that must be made accessible to the bilingual/multicultural field supervisor. They are as follows:

1. Bilingual/multicultural materials: The general description of types of materials available, selection of materials, and development of materials has been described in a paper entitled "Bilingual/Multicultural Materials for CDA Training."/1/ In addition, there are three categories of CDA curricula which have also been developed: CDA Training Models for Interns, CDA Training Models for Trainers, and Bilingual/ Bicultural Curricular Models for Preschool Children. The institutions that developed these curricula are listed in figure 2.

2. Modeling Methods: This includes the modeling of behaviors related to both teaching and training in bilingual/multicultural programs. Emphasis is on developing an understanding of the relationships of methods to the general philosophy of the different bilingual curricula; for example, attention to bicognition styles, cognitive development vis-a-vis Piaget, and child-centered approach. Methods related to bilingual language needs are also included; for example, language assessment, observation, language grouping, planning, and language expansion and acquisition strategies.

3. Peers and Colleagues: This is a particularly important resource for bilingual/multicultural programs, because many Head Start staff are not fully bilingual, and the combined resources of teachers, aides, parents, community persons, and other staff are required to fully implement a bilingual/ multicultural approach. Access to this resource is a result of the development of active participation by parents and community members representing the cultures of the children being served. It focuses on the establishment of an active informal exchange and network of adults who are concerned with the improvement of bilingual/ multicultural programs both within the agency and with other programs.

4. Self: The "self" as a resource is particularly important for field supervisors working in areas where there are relatively few training and curriculum materials. The development of bilingual/multicultural programs in different communities requires access to a creative, self-actualizing "self" who can construct a program appropriate to each unique blend of cultures. This means that the training program must provide experiences that will constantly require the field supervisor candidate to observe, analyze, select, construct, try, review, and re-create bilingual/ multicultural materials and training behaviors.

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[1] Jones, Leroy, Trudy M. Hamby, and Leslie, Clarice (Eds.), CDA Day at NAEYC: Conference Proceedings, Washington, D.C.: University Research Corporation, 1980.

Training Levels

This dimension includes the three levels of awareness, knowledge, and implementation as related to each of the Resource Categories. The treatment of the resource category of bilingual/multicultural materials along these three levels has been described in "Bilingual/ Multicultural Materials for CDA Training."/2/ In a similar manner, each of the other resource categories is treated at three different levels. The general strategy for each level is as follows:

1. Awareness Level: These activities focus on the development of awareness of the range within each of the resource areas. For example, in using the resource of "Peers and Colleagues," how does one go about identifying the range and variety of activities and situations related to parent involvement and participation?

2. Knowledge Level: These activities focus on helping field supervisor candidates be more knowledgeable about each resource area. For example, developing selection criteria in the "Peers and Colleagues" resource category may include acquiring information on parent interests, culture, language, and how to go about communicating and working with parents in a productive way.

3. Implementation Level: These activities focus on helping field supervisor candidates to apply and use what they have learned at the two previous levels. In many cases, according to their self-identified needs statements, they are aware and knowledgeable about the importance of certain elements, but are not able to apply or implement them. For example, in the "Peers and Colleagues" resource category, field supervisor candidates are often aware and knowledgeable about parent involvement and participation, but they have problems in implementation. This type of need is responded to by training on the development of communication, coordination, planning, monitoring, and feedback strategies as used in an actual parent program.

In summary, the use of a conceptualized model for training CDA field supervisors for bilingual/multicultural programs has been very useful in developing a match between the field supervisor candidates and the training resources provided by the program.

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[2] Ibid, p. 57.

Figure 2

Bilingual/Multicultural Resources Information Sheet*

Head Start Bilingual/ Multicultural Resource Network

Region II

Teachers College
Columbia University
525 West 120th Street
New York, New York 10027

Region VI

Intercultural Development
Research Associates
5835 Callaghan Road
San Antonio, Texas 78228

Region VIII

InterAmerica Research
Associates
910 - 16th Street
Suite 722
Denver, Colorado 80202

Region IX

Development Associates
693 Sutter Street
San Francisco, California 94102

Institutions Which Developed Bilingual/Bicultural CDA Training Models

Rutgers University
Graduate School of Education
New Brunswick, New Jersey 08903

Institutions Which Developed Bilingual/Bicultural CDA Training Models (Continued)

Our Lady of the Lake
University
411 S.W. 24th Street
San Antonio, Texas 78207

Metropolitan State College
333 West Colfax Street
Denver, Colorado 80203

Texas A & I University
Kingsville, Texas 78363

Bilingual/Multicultural Preschool Models and Institutions That Developed Them

Alerta! Model

Teachers College
Columbia University
525 West 120th Street
New York, New York 10027

Un Marco Abierto Model

High Scope Educational
Research Foundation
600 North River Street
Ypsilanti, Michigan 48197

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*Further information on the Head Start Strategy for Spanish-speaking Children can be obtained from Ms. Soledad Arenas, Administration for Children, Youth, and Families, Office of Human Development, Dept. of Health, and Human Services, Box 1182, Washington, D.C. 20013.

Bilingual/Multicultural Preschool Models and Institutions That Developed Them
(Continued)

Amanecer Model

Intercultural Development
Research Associates
5835 Callaghan Road
Suite 111
San Antonio, Texas 78228

Nuevas Fronteras De
Aprendizaje Model

University of California at
Santa Cruz
1156 High Street
Santa Cruz, California 95060

Institutions Which Developed Bilingual/ Bicultural CDA Trainer Models

Contracting Corporation of
America
1405 Curtis Street
Denver, Colorado 80202

Texas Department of
Community Affairs
P.O. Box 13166
Austin, Texas 76011

CDA WITHIN THE HEAD START STRUCTURE

(Designed for Head Start Directors, Education Coordinators and representatives of other Head Start Program components)

Imperial IV
North Tower Building
4th Floor

9:00-9:10	Welcome and Introductions **Bill Barse** Senior Training Specialist University Research Corporation Washington, D.C.
9:10-9:40	Head Start Policies: Their Relationship to CDA **Raymond Collins** Chief, Development and Planning Division ACYF Washington, D.C.
9:40-10:10	The Incorporation of CDA into Head Start: Its Impact to Date **German White** Regional Program Director ACYF, Region VIII Denver, Colorado
10:10-10:20	BREAK
10:20-10:50	CDA and Other Program Components **Patricia S. Smith** Administrative Assistant to the Head Start Director Supervisor for Education and Special Needs Dade County, Miami, Florida
10:50-11:30	Methods for the Successful Integration of CDA into the Head Start Structure —Panel Presentation —Questions/Answers • Raymond Collins • German White • Patricia S. Smith

Head Start Policies: Their Relationship to CDA

Raymond C. Collins

On behalf of the Administration for Children, Youth, and Families (ACYF), I would like to welcome you to this session entitled "CDA Within the Head Start Structure." In this session, I will be addressing the relationship of Head Start policies to the Child Development Associate (CDA) program and to the goals of Head Start. To do so, it is important to look retrospectively at the original Head Start mission and the importance that Head Start attaches to various training initiatives, many of which have led to the success that the Head Start program has enjoyed.

Since its beginning, Head Start has emphasized the dual objectives of providing quality services for children and career development opportunities for parents, community residents, and other employees through work as staff members and volunteers. Staff have been supported through a variety of training efforts, each geared to improving their knowledge and skills, particularly for classroom personnel, as the key means of insuring quality services for children.

This basic objective can be illustrated in the diagram on the following page.

As illustrated in the diagram, the primary goal of Head Start is that of providing quality programming for children. Head Start achieves this by insuring that staff are competent to perform their assigned responsibilities. Staff needs for training and career opportunities are met by career development and training programs that Head Start sponsors. Fundamentally, Head Start believes that training and education will improve classroom performance.

One of the earliest policies issued by Head Start in support of training and career development was Office of Economic Opportunity (OEO) Instruction 6902-1, entitled "Full Year Head Start Plan for Career Development," issued in 1968. This policy provided for the following:

- Career advancement
- Training and college-based education.

Implementation of the policy was achieved through a variety of program initiatives, such as:

- Regional office training workshops
- Leadership Development Programs

Focus on

CHILDREN

WHAT? **QUALITY PROGRAMING FOR CHILDREN**

Through

STAFF COMPETENCE

HOW? By Linking

CAREER DEVELOPMENT
with STAFF TRAINING AND EDUCATION

Based on assumption

WHY? **TRAINING EDUCATION WILL IMPROVE**
CLASSROOM PERFORMANCE

- Local inservice training

- Head Start Supplementary Training.

Training, education, and demonstrated work ability were integral elements in a system of promotion and compensation. The primary goal was career advancement, with the assumption that training would also improve classroom performance.

In 1969, OEO/Head Start modified the HSST program to a focus on obtaining a degree, while it continued the emphasis on career advancement for staff through academic programs. In addition, the program emphasized the need for access to higher education for Head Start staff. Again, the assumption was that college training would improve classroom performance.

After several years' experience, the Office of Child Development (OCD)* shifted the emphasis of its training efforts to focus more precisely on the needs of the classroom staff who, as mounting research indicated, were the primary agents for insuring the provision of quality services to children.

In 1971, Dr. Edward Zigler, then Director of OCD, announced the development of the CDA competency-based training program for Head Start staff. The CDA program called for the creation of a new category of professional child care workers. The basic goal of the CDA program was to upgrade the quality of Head Start, day care, and other child development programs by increasing the knowledge and skills of classroom staff. Unlike traditional training, the CDA program would be based upon a set of defined competencies, use a variety of innovative training approaches, and provide for both performance-based training and assessment systems. Staff demonstrating competence would be awarded a professional credential.

To support this initiative, OCD established the CDA Consortium to develop and field test a CDA assessment system, and 13 CDA pilot training projects to develop CDA competency-based training models. In addition, OCD retargeted its major Head Start training initiative, HSST, to convert from academic-based to CDA competency-based training for classroom personnel.

This change was mandated in OCD Instruction No. 1-33-324-1 in 1973, entitled "Head Start Supplementary Training Policy." Regarding CDA training and credentialing, the goals of the training policy were:

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*OCD became the Administration for Children, Youth, and Families (ACYF) in 1977.

- Staff competence

- Enhancing career development and professional status of staff.

In addition, key elements of the policy included:

- Conversion from HSST to HSST/CDA training

- CDA competency-based training for classroom staff

- Continued academic training for other categories of staff

- Training opportunities for other components and volunteers.

This policy brought about a major change in Head Start training priorities as well as in the methods heretofore used to accomplish training objectives. These changes brought about an emphasis on:

- Upgrading the quality of services to children through training in child development, early childhood education, and related areas

- Providing for upward mobility

- Specifying the CDA credential as a component of HSST.

The intent was on providing a more balanced priority for HSST; that is, providing classroom staff with the training and education skills directly related to teaching Head Start children.

Head Start has continued to review the impact of training initiatives such as HSST/CDA as they relate to the overall goal of providing quality care to children. Current research data, such as the National Day Care Center Study, point to a high degree of correlation between competent, well-trained staff who exhibit the CDA Competencies and the quality of services that children receive.

These research findings underscore the importance of CDA training. Our present thinking calls for greater emphasis on expanding the focus of training for child care personnel. Thus, ACYF has formulated a new set of requirements entitled "Proposed Requirements for the Long-Term Incorporation of CDAs into Head Start". Ultimately it is ACYF's intent that every Head Start classroom will have either a credentialed CDA or an otherwise qualified person (e.g., someone with a BA or other advanced degree in early childhood education. Specific goals of the proposed policy include:

- Quality care for 366,300 Head Start children by increasing the competence of staff in the areas of child development and early childhood education

- Career development opportunities for 39,000 classroom staff by: (1) access to competency-based training, and (2) opportunity to receive a professional credential.

As you can see from the various policies of the past, as well as those we are now considering, Head Start has continued to focus its efforts on the dual objectives of quality programming for children and career development for staff. We see the CDA program as a primary thrust for insuring quality services as well as staff competence and upward mobility. ACYF will continue to review its policies and training initiatives, modifying them where needed, but remaining true to the original mission of Head Start.

CDA and Other Program Components:
An Integrated Approach to Involving Components in CDA

Patricia S. Smith

Since the inclusion of the Child Development Associate in Head Start, the Education Component of the Dade County Head Start Program in Miami, Fla., has claimed ownership of CDA. (See figure 1 for illustration of all Head Start Components.) Many teachers have voiced concern, not so much about the goals of CDA, but about the deadlines established for becoming a Child Development Associate and what effect, if any, noncompliance would have on them. Additionally, the Education Specialist has appeared more concerned than other component heads. However, training and information sessions have generated an interest on the part of other component specialists, parents, and administrators. No person interested in the total well-being of the Head Start youngster, or any child, could sit idly with hand in hand. The CDA effort soon became a cooperative effort on the part of all component staff.

Although initially, component persons took little interest in CDA, this lack of interest was attributed to the minimal direct involvement with children and staff within the classroom environment. Several component staff felt that they had little to contribute to the day-to-day education of the Head Start child. Social Services directed its energies toward recruitment, referral, and crisis intervention, focusing minutely on the role of their potential importance to the Child Development Associate process. Parent Involvement staff began to evaluate the contributions of their unit to the CDA effort. The Health Services Component soon followed, scrutinizing the value of their input to CDA. Each component--Education, Social Services, Parent Involvement, Health Services, and Administration soon discovered that the separate but equal function of each program component to CDA, as well as the integration of components, is essential to the livelihood of CDA and Head Start itself.

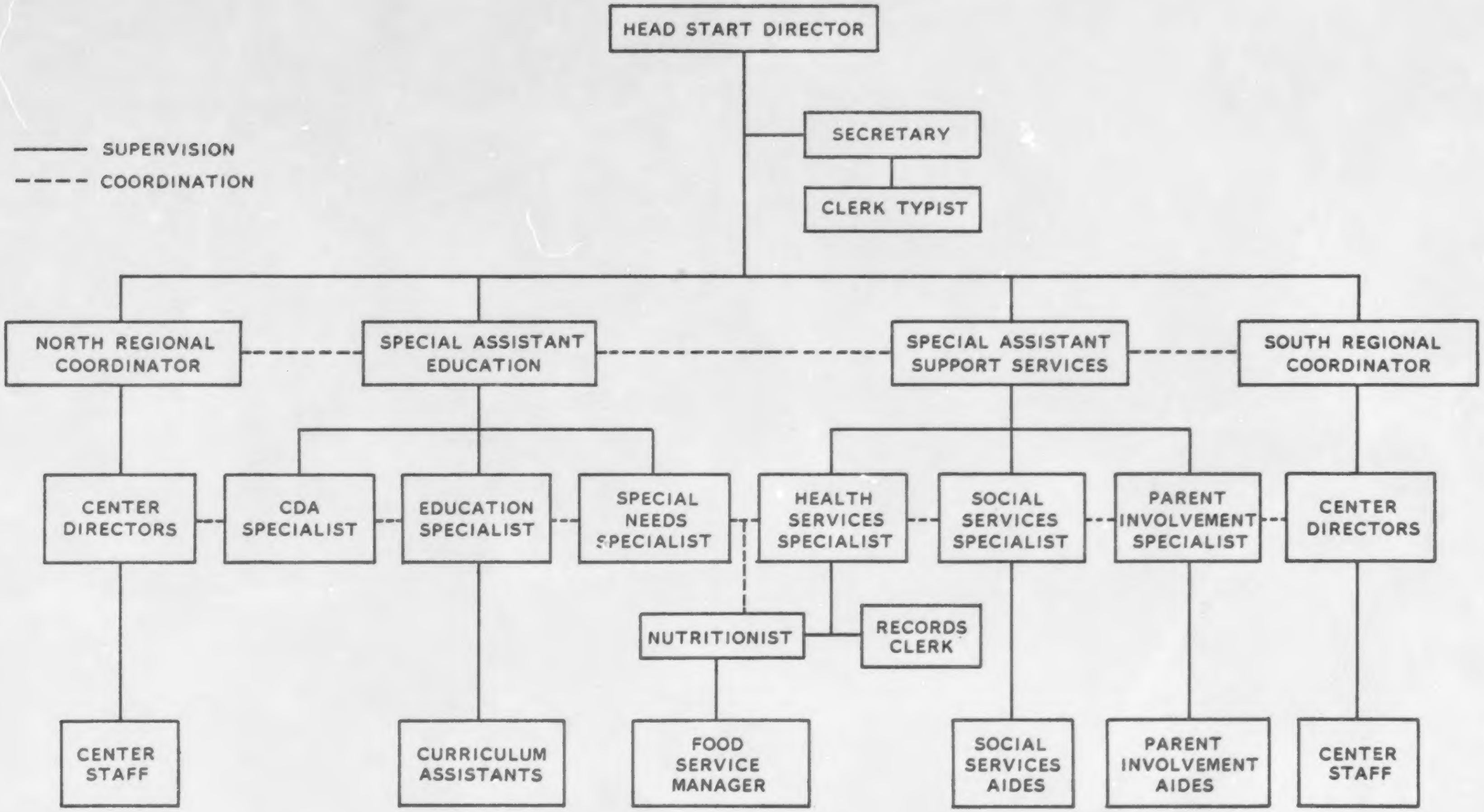
A staff survey revealed that some 20 supplementary training slots and an additional number of CDA slots would not meet our CDA needs. Results also indicated that not all our teaching staff felt that they needed formal training to demonstrate their levels of competency in keeping with the proposed timetable. As deadlines to have teachers credentialed drew near, the task rested not only with the Education Component, but also with all components, and as a result, the following action was taken.

Education Component

The Education Component decided to maximize the use of existing educational staff by encouraging them to extend their roles and responsibilities of training and technical assistance to CDA interns, as well as to those persons who were already desirous of demonstrating their readiness for Local Assessment Team (LAT) assessment. Staff

Figure 1

Head Start Functional Chart


SUPERVISION
COORDINATION
HEAD START DIRECTOR
SECRETARY
CLERK TYPIST
NORTH REGIONAL COORDINATOR
SPECIAL ASSISTANT EDUCATION
SPECIAL ASSISTANT SUPPORT SERVICES
SOUTH REGIONAL COORDINATOR
CENTER DIRECTORS
CDA SPECIALIST
EDUCATION SPECIALIST
SPECIAL NEEDS SPECIALIST
HEALTH SERVICES SPECIALIST
SOCIAL SERVICES SPECIALIST
PARENT INVOLVEMENT SPECIALIST
CENTER DIRECTORS
NUTRITIONIST
RECORDS CLERK
CENTER STAFF
CURRICULUM ASSISTANTS
FOOD SERVICE MANAGER
SOCIAL SERVICES AIDES
PARENT INVOLVEMENT AIDES
CENTER STAFF

was able to capitalize on the existing structure as shown in figure 1. The Education Component consists of one Educational Administrator, one Education Specialist, and 10 Curriculum Assistants.

While the Educational Administrator joined forces with other program administrators and with training institutions, State CDA Committees, contract officers, and other funding sources, the Education Specialist led Curriculum Assistants in incorporating CDA into the Head Start curriculum in order to insure that CDA did not emerge as a competency effort in isolation, but that it reflected the basic child development principles established and required by the grantee, Head Start Performance Standards, and CDA.

In working with teaching staff through inservice training workshops or classroom observations and technical assistance, the primary role of the Curriculum Assistant is to provide training in child development, curriculum, and special needs. The curriculum staff is careful to integrate its training with performance standards, local requirements, and CDA Competencies. Because of this structure, CDA training came to be an extension of the role and responsibilities of the Education Component. Several teachers began to request that the Curriculum Assistant, in fact, serve as their advisor.

Curriculum Assistants usually maintain firsthand knowledge of many of the interns because of the frequent and ongoing support provided to them in the classroom. As a result, both parties have the opportunity to focus jointly on needed competencies, set priorities, and determine specific timetables for achieving their goals. The Curriculum Assistant becomes an in-house resource regarding CDA enrollment, eligibility, application, training, portfolio preparation, and LAT assessment.

Health Services Component

Often, the Education Component makes use of the expertise of the Health Specialist and health providers in planning and conducting CDA training sessions. Health Educators from the Health Department, for example, team with our own Curriculum Assistants and Education Specialist to develop and provide teaching techniques for "establishing and maintaining a safe and healthy learning environment" for children, as required in CDA Competency Area I. This process began when Health Educators, the Health Specialist, and the Education Component organized meetings to research and review health materials, draft training designs, and plan strategies for implementation. A Health Educator is paired with a Curriculum Assistant to assist in one of ten cluster areas where some 12 to 20 teaching teams are geographically assigned. The Health Educator conducts training sessions and the Curriculum Assistant provides onsite observations and followup, reinforcing the knowledge and skills shared by the Health Educator.

The Nutritionist also serves as an excellent resource in helping the CDA intern assess and focus on health-related competencies and determine whether the environment that is provided for children is nutritionally healthy and safe. The Nutritionist is especially adept at helping teachers coordinate and communicate expectations of the home and center, while developing specific health and safety competencies.

Social Services Component

The Social Services Component is often called upon to assist with those competencies that promote self-concept and individual strength, socialization with adults and peers, and group management. Specific assistance with individual-group relationships, coping skills, and recruitment and referral processes give CDA interns a broader perspective of their roles and responsibilities in working with young children and families. The Social Services Component has prepared a resource pamphlet for parents and teachers entitled "Where To Go...If You Need Help With," which is available for training sessions. This pamphlet is used as an example of "bringing about optimal coordination of home and center child-rearing practices and expectations" and "carrying out supplementary responsibilities related to children's programs," Competency Areas V and VI. Competency in these areas certainly requires knowledge and skill in the identification and referral processes needed to assist children and their families.

Parent Involvement

Parents are generally required to be involved in the overall program operations of Head Start, and they are encouraged to participate in CDA--at the center level in classroom activities, center committees, and community involvement; at the component level consulting with component specialists; and at the policy council level making decisions that affect children and families. Special efforts are made to involve parents and the Parent Involvement Component in CDA. The Education Component, along with the Parent Involvement Component, has met with the Head Start Policy Council to share information, conducted CDA sessions at the center level and assisted in identifying parent-community representatives. Although we have observed that parents often demonstrate expertise and competency in different areas, we have met with minimal success in recruiting them as CDA interns. This area, like many others, still remains a challenge for all component staff. When one component is in need, all must shoulder that need and assist in finding viable solutions.

In summation, the CDA credential symbolizes competency for our program--for those who hold it and for those who continually request CDA's as classroom partners. Our goal is to have every Head Start teacher demonstrate competency through CDA or an equivalent mechanism. Component staff have worked cooperatively to reach this programmatic goal and are confident that it can be achieved through dedication, participation, cooperation, coordination, and shared expertise of all components. There are several challenges yet to be met; these enormous tasks cannot be accomplished alone. We are counting on Education, Health Services, Social Services, Parent Involvement, and Administration to see us through.

CDA WITHIN THE NATIONAL ACYF NETWORK

(Designed for Head Start Directors, Regional ACYF Staff, Contractors, etc.)

LaFayette
North Tower Building
4th Floor

9:00-9:10	**Welcome and Introductions** Ed Vaughn Program Review and Resource Specialist ACYF, Region IV Atlanta, Georgia
9:10-9:40	**Provision for CDA at the National Level** Barbara Ferguson Kamara Associate Commissioner, ACYF Washington, D.C. Charles A. Jones Education Training Specialist, ACYF Washington, D.C.
9:40-10:10	**Implementation of CDA at the Regional Level** Ed Vaughn
10:10-10:20	**BREAK**
10:20-10:45	**Implementation of CDA at the Program Level: The Lead Agency Method in Northern Minnesota** Dan Gartrell Project Director Child Development Program Bemidji State University Bemidji, Minnesota
10:45-11:15	**The Role of CDA in Day Care** Preston Bruce Director, Day Care Division, ACYF Washington, D.C.
11:15-11:30	**Questions/Discussion**

Implementation of CDA at the Regional Level

Edward Vaughn

CDA training is provided to Head Start grantees in a variety of different ways. Each Department of Health and Human Services regional office has developed a training implementation system that attempts to meet the geographical, historical, and training needs of the Head Start grantees within that particular region. In any discussion of the various regional approaches to CDA training, two central themes are essential to any delivery system designed:

- The Administration for Children, Youth, and Families (ACYF) CDA Training Criteria: Six criteria mandating how CDA training will be conducted with the use of Head Start Program Account 20 funds.
- The draft "Requirements for the Incorporation of CDA in Head Start": A gradual phase-in of training requirements for Head Start classroom staff, which includes persons with the CDA credential. This draft will become required after completion of the publication process in the Federal Register.

The 11 regional systems for delivering CDA training can be grouped into three typologies:

1. The regional office funds Head Start grantees directly; Head Start grantees purchase CDA training from institutions of higher education; technical assistance (TA) is provided to grantees and/or institutions through an established TA network.

Region III, Philadelphia, Pa., is one example of this delivery system. Figure 1, Region III: Flow of Head Start Supplementary Training (HSST)/CDA Funds graphically describes one method of this approach.

In this region, a limited number of Head Start grantees are funded directly for CDA training each year. These grantees negotiate with a college of their choice to provide CDA training and sign an agreement or contract with the cooperating college. Technical assistance in CDA is provided to grantees and institutions as part of the overall regional contract to the Head Start Resource and Training Center, University of Maryland.

Region IV, Atlanta, Ga., used another method of this approach. Figure 2, CDA Training Delivery System describes the funding method used. Based on a yearly grantee needs assessment related to the draft "Requirements," all Head Start grantees who are not in compliance are funded directly to put them within the "Requirements" guidelines. These grantees must negotiate a memorandum of agreement with an institution that has fulfilled certain training obligations

Figure 1

Region III: Flow of CDA
Head Start Supplementary Training Funds

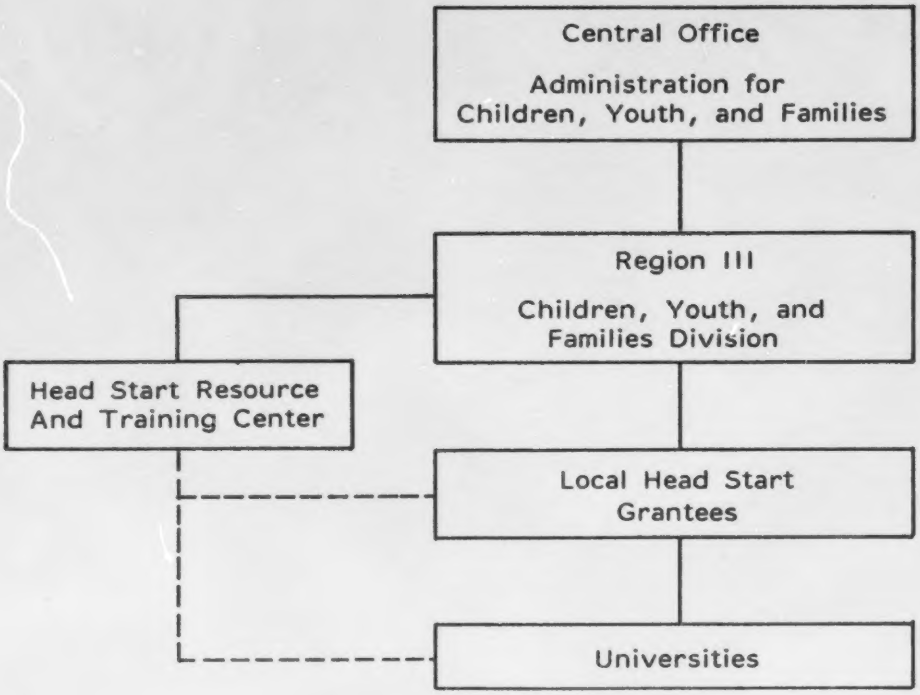
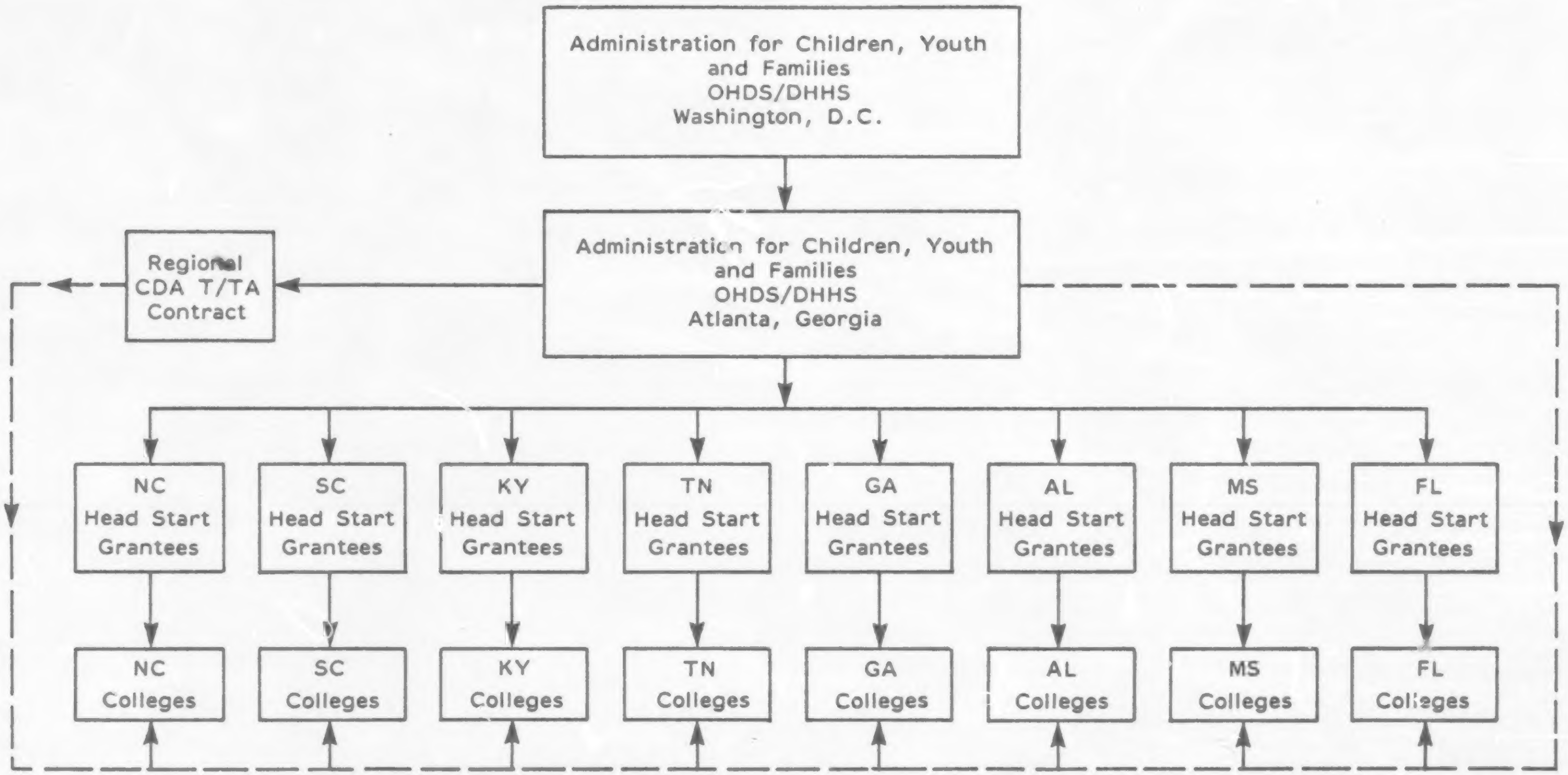

Central Office
Administration for Children, Youth, and Families
Region III
Children, Youth, and Families Division
Head Start Resource And Training Center
Local Head Start Grantees
Universities

Figure 2

Region IV: CDA Training Delivery System


Administration for Children, Youth and Families
OHDS/DHHS
Washington, D.C.
Administration for Children, Youth and Families
OHDS/DHHS
Atlanta, Georgia
Regional CDA T/TA Contract
NC Head Start Grantees
SC Head Start Grantees
KY Head Start Grantees
TN Head Start Grantees
GA Head Start Grantees
AL Head Start Grantees
MS Head Start Grantees
FL Head Start Grantees
NC Colleges
SC Colleges
KY Colleges
TN Colleges
GA Colleges
AL Colleges
MS Colleges
FL Colleges

LEGEND: ——→ direct line of authority, funding

– –→ indirect line of authority, T/TA

NOTE: Head Start Grantees select a CDA training institution from a regionally approved list of institutional providers and may cross State lines in the selection process.

in order to appear on the Region IV "Selected Institution List." Technical assistance to grantees and institutions is provided through a regional training and technical assistance contractor. The regional contractor also monitors, onsite, 20 of the CDA training institutions using a regionally designed CDA Self-Assessment Valuation Instrument. Institutions not monitored onsite submit the CDA Self-Assessment Valuation Instrument annually to the regional office.

There are advantages and disadvantages to the direct-funding approach. One advantage is that CDA training funds can be included in the regular Head Start grant and do not require any special funding process. Another advantage is that direct-funding to grantees cuts administrative costs, committing a greater percentage of funds to the actual CDA training. Also advantageous is the flexibility of institution selection inherent in this approach. Increasingly, four-year colleges have had prohibitive costs for CDA training; and community or junior colleges can offer CDA training for less cost to the Head Start grantee.

A disadvantage of the direct-funding approach is that the Head Start grantee may not be trained in knowing what services are necessary in CDA training or sophisticated enough in contracting skills to recover funds if services are not adequately provided. Another difficulty in direct funding is providing enough Head Start CDA interns, through cluster training grouped across grantees, to make it feasible for the training institution's involvement. Direct funding of Head Start grantees clearly places the major responsibility for CDA training at the local level, and this raises the issue of how to determine the quality of training being provided to Head Start personnel.

2. The regional office funds a State contractor to provide CDA training and valid college credit across the State.

Region VI, Dallas, Tex., is an example of this delivery system. Figure 3, Region VI describes that region.

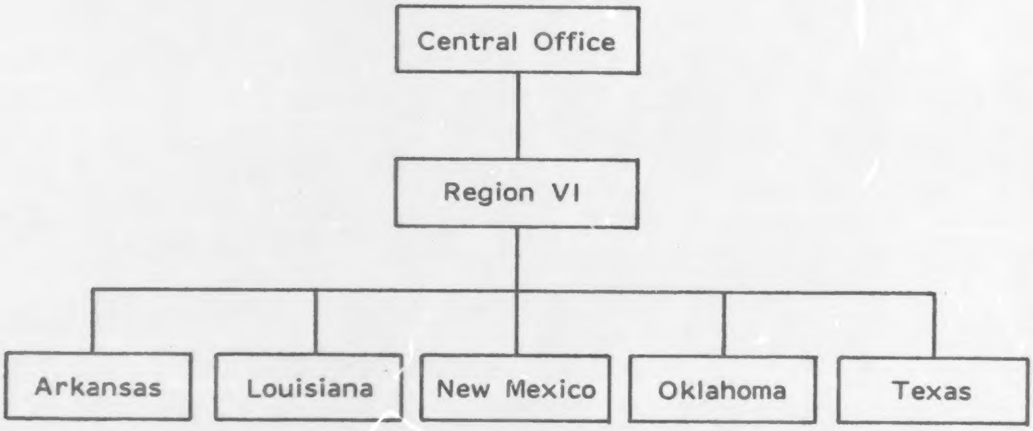
Each State contractor serves the entire State in providing CDA training and offering valid credit, although the approaches to doing this may differ from State to State. There is no direct funding of Head Start grantees from the regional office. Neither is there funding of Head Start grantees from the State contractor.

An advantage of this approach is that a statewide, unified system of training is developed. For instance, the Oklahoma State Contractor, Oscar Rose Junior College, provides CDA training through the junior college system across the State with a single CDA curriculum designed by Oscar Rose and approved by the Oklahoma CDA Advisory Council.

Since the delivery system in this approach is from the regional office to a contractor, there is a disadvantage in that the level of involvement of the local Head Start can vary tremendously. This could be detrimental to the grantee when the draft "Requirements" are mandated and the grantee is responsible for meeting the mandate.

Figure 3

Region VI


Central Office
Region VI
Arkansas
Louisiana
New Mexico
Oklahoma
Texas

A further complication of this approach is awarding valid college credit if the State contractor is not an institution of higher education. The contractor must then negotiate credit award for CDA training in order to insure compliance with the ACYF CDA Training Criteria. As in all of these typologies, this implementation approach has its assets and liabilities.

3. The regional office funds a regional contractor that provides CDA training in each State in the region.

This funding approach is used in Region VIII, Denver, Colo. This system is described in Figure 4. All HSST/CDA funds are directed to the regional contractor. Head Start grantees request services from the regional contractor. Services available to the grantee are assistance in setting up CDA training programs, with or without colleges or universities providing CDA field supervisors for grantees, and technical assistance services related to the number of interns enrolled in CDA training. In addition, the regional contractor trains CDA field supervisors to work under the supervision of the contractor.

The advantages and disadvantages of this system are similar to those of the State contractors, except on a larger geographical scale. There is the advantage of regional consistency in approach and the disadvantage of possible lack of involvement at the local grantee level. Again, valid credit can be problemmatic in using this approach. A further disadvantage of both State and regional contractors is the lack of consistency when any contractor is changed through the competitive bid process. The local Head Start program is the real victim when consistency is lost by changing contractors. As in the other approaches, the use of one regional contractor is another example of the flexibility available to the regions in implementing CDA training.

Region X has implemented CDA training through a combination of the three approaches described: State contractors and direct-funded Head Start grantees, with the use of subcontracts. Figure 5 graphically describes the combined use of grants and contracts in that region.

Regardless of the regional approach to implementing CDA training, two issues emerge that appear to be of concern nationally. The first of these is the rationale for valid credit for CDA training. Providing credit that is applicable toward and transferable to a two- or four-year degree in early childhood education or child development significantly raises the cost of CDA training and necessitates the involvement of a college or university when one may not be geographically close, or when another training system, without valid credit, appears to be more feasible for the Head Start grantee. On the opposite side of the coin, the CDA credential is an innovative and new professional category trying to establish itself in the early childhood profession. Those who receive training toward being awarded the CDA credential ought to have the further assurance of quality

Figure 4

Region VIII: Head Start Supplementary Training/CDA Funding Flow

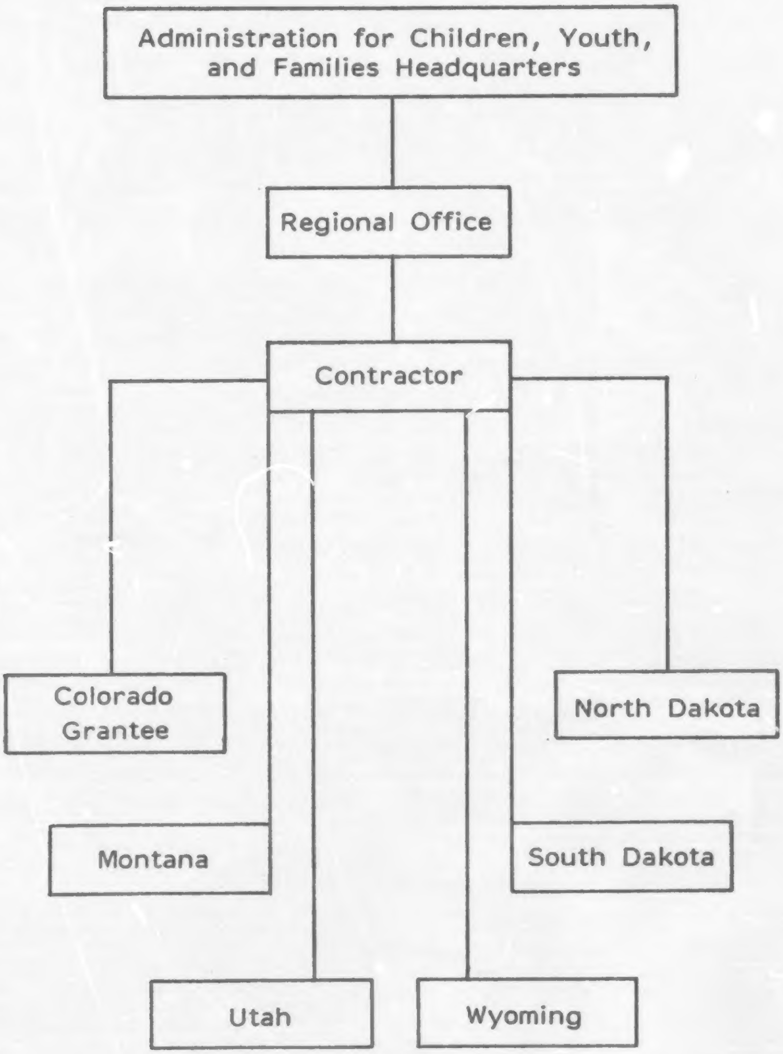
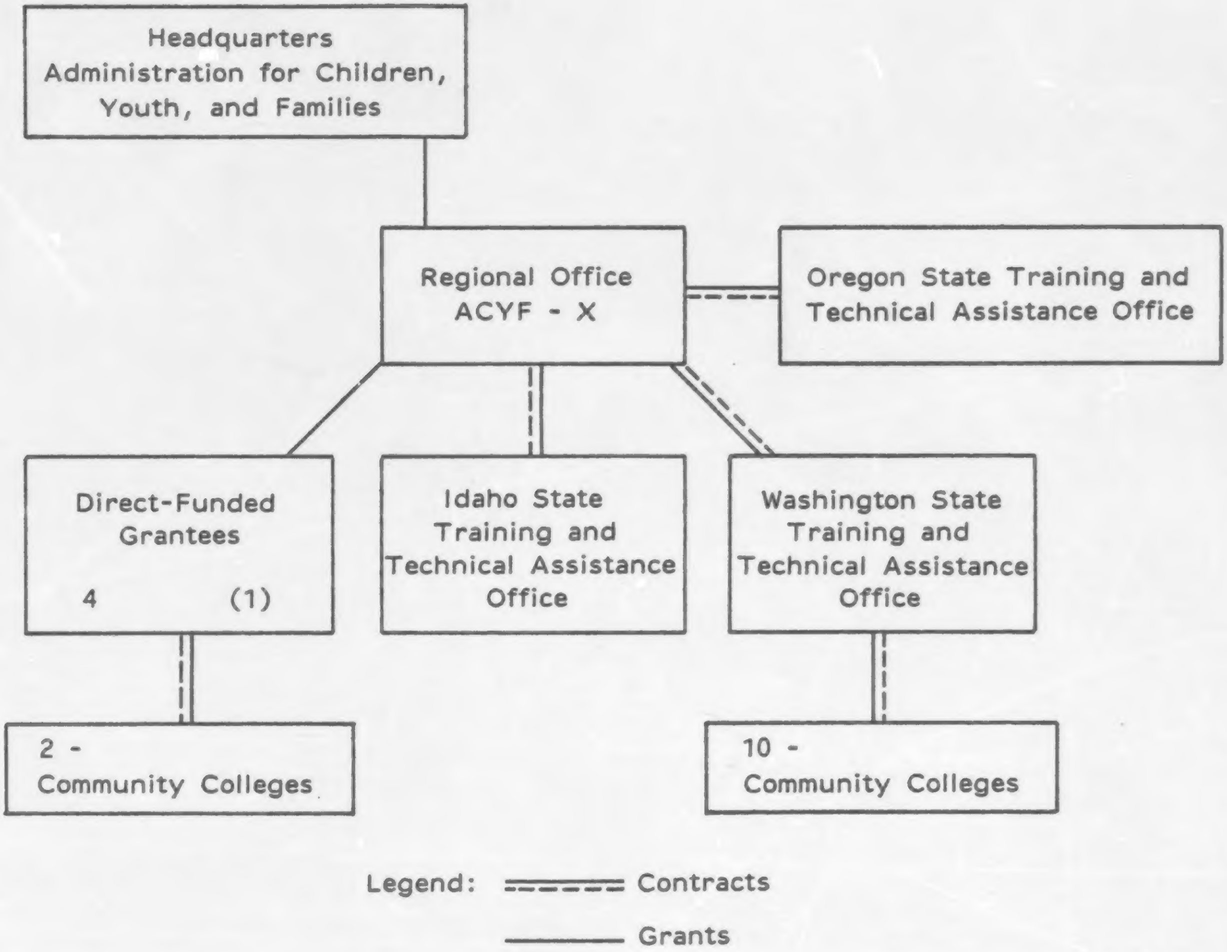

Administration for Children, Youth, and Families Headquarters
Regional Office
Contractor
Colorado Grantee
North Dakota
Montana
South Dakota
Utah
Wyoming

Figure 5

Region X: CDA Funding Flow


Headquarters Administration for Children, Youth, and Families
Regional Office ACYF - X
Oregon State Training and Technical Assistance Office
Direct-Funded Grantees
4
(1)
Idaho State Training and Technical Assistance Office
Washington State Training and Technical Assistance Office
2 - Community Colleges
10 - Community Colleges
Legend:
Contracts
Grants

training that is attached to the granting of valid credit by an accredited college or university. The valid credit issue is one that continues to be discussed by regional office personnel, contractors, and Head Start staff.

The other issue that emerges across varying regional delivery systems is that of monitoring CDA training to insure that quality training is being provided to CDA interns. Both grantees and training institutions need assistance in measuring quality CDA training. Regional office personnel need to be attuned to the quality of training being offered in their region. Methods for monitoring CDA training, such as Region IV's, need to be included in each region's approach to CDA training implementation. In addition, the grantee system for monitoring the quality of CDA training offered staff, presently being developed under the national CDA training and technical assistance contract, will be a significant contribution toward the resolution of this issue.

As CDA training is implemented throughout the regions of the country, the concepts inherent in the CDA program itself are demonstrated in the delivery systems used. There is flexibility in training implementation, as there is in training approaches developed by the providers. There is a team relationship between the regional office, the CDA contractors, and CDA training providers, just as there is a team relationship in CDA training. And the ACYF CDA Training Criteria undergird both the regional mechanisms for delivering CDA funding and the methods by which the training providers design their approach to CDA training. As a result of the various approaches to CDA implementation at the regional level, CDA training is presently being provided by Head Start grantees, educational institutions, and training and technical assistance organizations.

Implementation of CDA at the Program Level: The Lead Agency Method in Northern Minnesota

Dan Gartrell

The lead agency-cluster model for CDA training is a specialized method that can work very satisfactorily in some situations. Conditions that make a difference are these:

First, the method of funding Head Start CDA training in the region must allow either direct funding to agencies or funding to institutions that work out training arrangements with local agencies. The amount of communication and cooperation necessary in local areas would tend to preclude sole-source regional contractor training methods.

Second, the institutions that provide the training must be responsive to the needs of the agencies involved. A formalized, ongoing, communication system between agencies and the institution(s) is important to provide the management necessary for the program.

Third, the agencies involved should be so sure about the benefits of the program that they are willing to share "turf-related" information about such matters as training needs and financial situations, both with other agencies and with the institution(s).

Fourth, training should proceed from a plan written up cooperatively by the agencies with the institution(s). The plan should address the real needs of the institution(s)' programs and the real services the agencies will be receiving.

Fifth, it may be that smaller, rural agencies that have definite training needs but limited possibilities for meeting them can benefit most from a lead agency-cluster arrangement. Larger agencies, especially in metropolitan locales, may experience less difficulty in financing CDA training and in making satisfactory linkups with the institution(s).

The following is what the lead agency-cluster system basically involves:

First, two or more Head Start agencies agree that the arrangement makes sense and decide to identify as a cluster. (Head Start clusters on a geographic basis already exist in many areas for general communication purposes. These groups may serve as a starting point for a training cluster.)

Second, the cluster makes such decisions as the method for maintaining adequate ongoing communication, the agency that will serve as lead agency for the year, and the institution(s) that the agencies will contract with.

Third, if not already part of the process, the institution(s) are contacted and involved. If possible, agencies should shop around. Two points are worth noting here: 1) Institutions are hungrier for nontraditional clients than they were a few years ago, and 2) quality CDA training requires considerable onsite visitation, and this may cost the training program more than tuition alone.

Fourth, the agencies and the institution(s), having established a reasonable degree of mutual trust, draw up a training plan. Negotiation, cooperation, and compromise are necessary here. Highly involved agencies may have to provide the leadership for lesser involved agencies.

Fifth, as nonprofit agent for the cluster, the lead agency formalizes the contract with the institution(s), dependent upon approval and funding from the regional office.

Sixth, the lead agency then negotiates the training plan--now the primary CDA training plan for the cluster agencies--with the Regional Office. (If the plan is not funded, individual agencies can still negotiate individual Program Account 20 grants. This is important for reluctant agencies to note.)

Seventh, the training plan is put into effect. Ongoing communication about the program is sustained through regular meetings of representatives from the cluster and from the institution(s).

The lead agency-cluster system for delivering CDA training is in its second year of operation in Northern Minnesota. The system is an extension of the Northern Minnesota Child Development Advisory Council, a loose consortium of 10-12 Head Start agencies that together cover a service area of approximately 30,000 square miles. The agencies have met on the Bemidji State University campus once each month for the past 12 years.

The Advisory Council has set training policy for the Child Development Training Program (CDTP) at Bemidji State University throughout this period. The training overseen by the Advisory Council has evolved through five phases:

Phase One: The traditional Head Start Supplementary Training (HSST) delivery system, with a few extension courses being taken to outlying communities. (1968-1970)

Phase Two: HSST supplemented with learning packages. Learning packages are packaged college coursework completed with a CDTP field advisor for university credit. (1970-1973)

Phase Three: HSST/learning package/CDA pilot project. CDTP became one of the 13 CDA pilots, continuing with other services. (1973-1976)

Phase Four: CDA training, using learning packages. Through regional and then local agency funding, CDTP continued CDA training. (1976-1979)

Phase Five: Lead agency Head Start training. Bi-county Head Start currently is the lead agency for a cluster of nine other agencies. These agencies have pooled Program Account 20 moneys for CDA and other training and technical assistance that they have purchased from CDTP. (1979-present)

In 1979, 10 agencies committed anticipated Program Account 20 moneys for a "training and assessment" package that included CDA training as well as technical assistance with Self-Assessment Valuation Instruments, Individual Service Plans, and Individual Education Plans. Region V uses a direct-funding (to agencies) system and liked the lead agency arrangement enough to provide matching funds. Cluster agreement on the lead agency plan was reached in June 1979, with the committed moneys going to the lead agency if and when expected amounts were received by the participating agencies. All 10 agencies received confirmation of funding amounts by November 1979. All payments were made to the lead agency by April 1980. As part of a university, the Child Development Training Program was able to operate on the basis of written commitments to Bemidji State University, with payments to be received by June 30, 1980.

The CDA portion of the contract called for CDTP field advisors to visit each agency once a week for onsite training. Two interns from each agency received concentrated CDA training, and up to five others at target centers received introductory-level training. Travel costs, field supervisor salaries, educational materials, CDA coursework tuition, and some CDTP administrative costs were covered under the plan. Interns received an average of 40 hours of onsite visitation from field supervisors this year.

The agencies reviewed training effectiveness as needed at their monthly Advisory Council meetings. This spring, the Advisory Council again agreed to submit a lead agency-cluster Head Start training proposal for 1980-81.

A chief benefit of the lead agency-cluster system, of course, is that it enables individual agencies to increase buying power in relation to training. With more dollars available, a greater geographic area encompassed, and an increase in shared ideas regarding training possibilities, smaller agencies have much to gain from this arrangement. The formality of the cluster advisory council can heighten local accountability by the institution(s) for the training provided. And with an interested, involved local clientele, training programs may be induced to expand upon the types of services they are able to make available, as well as to provide responsive CDA training.

In northern Minnesota, all seem to have gained from this arrangement--most especially the nondegreed teaching staff and the children.

CDA WITHIN THE WIDER COMMUNITY

(Designed for Head Start staff and staff from state and other agencies)

Imperial II
North Tower Building
4th Floor

9:00-9:10	Welcome and Introductions James "Pat" Doyle Child Development/Education Specialist ACYF, Region IV Atlanta, Georgia
9:10-9:40	The Incorporation of CDA into State Licensing Janet Nickerson Educational Supervisor Office of Child Day Care Licensing Raleigh, North Carolina
9:40-10:10	CETA CDA Training Programs Frances Williams CDA Program Director Shaw University Raleigh, North Carolina
10:10-10:20	BREAK
10:20-10:50	Using the CDA Model for Training Family Day Care Mothers Mary Lou Gilstad Director Early Childhood Studies Program University of Minnesota Minneapolis, Minnesota
10:50-11:15	The Role of Head Start in Furthering CDA in the Wider Community Larry E. Warren Chairman, CDA Committee State of Kentucky Pineville, Kentucky
11:15-11:30	Questions/Discussion

Region IV Administration for Children, Youth, and Families CDA Committees

James "Pat" Doyle

The eight State CDA Planning Committees were developed by the Region IV Administration for Children, Youth, and Families (ACYF) in November 1976. States included are Alabama, Florida, Georgia, Mississippi, Kentucky, North Carolina, South Carolina, and Texas. Committee composition consists of representatives from State and local public and private organizations that are involved in providing developmental programs for preschool children.

During the first year of the committees' existence, committee members contributed approximately 11,600 person-days toward the development of the Region IV ACYF's first CDA Incorporation Plan. This plan, because of the broad representation of the committee membership, allows any individual who is interested in becoming a CDA to train in one of the region's 56 CDA training institutions.

The Region IV ACYF provides $1,000 per year to each of the State Committees for the purpose of providing travel and per diem costs for the State chairperson, communication costs, and partial costs for training Local Assessment Team advisors.

Since the State CDA Committees were begun, their functions have become so extended and their representation so broadened that the title has been changed from State CDA Committees to State CDA Forums.

These forums now have their own bylaws and serve as advocacy organizations that work toward insuring that the CDA credential is included in State licensure regulations, advising the regional office of ACYF, publicizing the CDA concept, and providing a State CDA resource and information exchange.

The Incorporation of CDA Into State Licensing

Janet A. Nickerson

In December 1973, Minnesota was the first State to incorporate the CDA into its day care licensure. Eighteen additional States, including North Carolina, currently list this credential as one of several options for directors, teachers or aides.

These special States, designated "CDA Target States," were slated to receive concentrated assistance from the Office of Child Development. In North Carolina, contact was made with the Office of Child Day Care Licensing in May 1976. This office was requested to arrange a meeting with key persons within the State who might be interested in receiving additional information regarding this concept. Ironically, though this credential had been listed as one option for staff in the AA standards for well over a year, the potential impact this could have on the quality of care for all 3-, 4-, and 5-year-olds in center-based programs throughout the State was about to be discovered.

This meeting was held at the Office of Child Day Care Licensing in Raleigh on May 10, 1976. The major recommendation voiced by this multiagency group was to investigate the possibility of convening an indepth workshop for the purpose of disseminating information and exploring the relevancy of this credential for North Carolina with a broader spectrum of people within the State.

The Office of Child Development and the Child Development Associate Consortium agreed to cosponsor a two-day workshop in Raleigh with a grant through the North Carolina Office for Children. A State interagency committee representing the Office of Child Day Care Licensing, the Office for Children, the Division of Social Services, and Head Start proceeded with the local arrangements and program planning. Invitations were extended to selected persons from a cross-section of the State, including persons from: day care (both private and public), Head Start, public schools, community colleges, technical institutes, universities, State legislature, state and local organizations (for example, the North Carolina Association for the Education of Young Children (NC/AEYC), the North Carolina Day Care Association, and parent-teachers' associations), Health Services, Social Services, advocacy groups, parents of preschool children, and interested citizens.

One of the major concerns generated at this conference was the importance of establishing a clearinghouse and support mechanism within a State agency. There was a strong consensus that in order to establish the credibility needed for statewide acceptance, a single State agency should serve as a home for this credential. Although no agency, at that time, was inclined to assume this responsibility, conference participants were willing to establish an interagency committee to further study the situation. This group was to become the core of the State CDA Steering Committee.

The primary focus of this State CDA Steering Committee for the next year-and-a-half was the development of a CDA training system for Head Start. This one goal proved, at times, to be quite frustrating to those members representing the day care community. While they understood the importance of a special training system for Head Start programs to comply with the proposed mandate, they also recognized the importance of this credential for all teachers of 3-, 4-, and 5-year-olds. The realization of the futility of promoting this concept beyond Head Start without the endorsement of a single State agency became increasingly evident with the passage of time and the growing loss of interest among the non-Head Start component of this committee.

Following this year-and-a-half struggle, the Director of the Office of Child Day Care Licensing reviewed the situation. Having maintained a high interest and support of the CDA concept and realizing its potential impact on the quality of care for young children, he made the decision to incorporate it into the Education Unit of the Office of Child Day Care Licensing. The Education Unit, serving as the advocacy component of this agency, appeared to be the appropriate place for coordination and promotion.

The Office of Child Day Care Licensing in North Carolina consists of two components: the Licensing Unit, which is responsible for enforcing and monitoring the mandatory A regulations that reflect health and safety standards, and the Education Unit, which is responsible for: 1) responding to the training and technical assistance needs of day care providers, 2) disseminating education materials, and 3) developing and promoting standards that reflect a higher level of care for children. This higher level of care, referred to as AA, lists the CDA credential as one of four optional qualifications for caregivers. Viewing the CDA as a viable indicator of qualified staff in day care programs, it was felt that by advocating and promoting this concept, more children throughout the State would receive quality care.

In July 1978, when this challenge was presented to the Education Supervisor, a meeting was arranged in Raleigh with the CDA Consortium, the Administration for Children, Youth, and Families Region IV, and key persons within the State. This session, lasting two-and-one-half days, involved reviewing written materials and promotional information as well as the total process in order to determine which might be adaptable for North Carolina. A plan of action was agreed upon, and our pilot project was in place as of September 1978. This agreement included allowing North Carolina to establish and test a State enrollment process. Therefore, the first task undertaken was to devise and implement a statewide enrollment and tracking system for prospective candidates.

Special materials, including North Carolina enrollment forms and tracking cards were developed and printed. Information explaining this new system was forwarded to the State Head Start Supplementary Training Office and all CDA training projects. Basic information regarding CDA was also sent to other trainers throughout the State, including the Title XX projects.

Promotional activities were initiated. Information booths were operated at the State Day Care Association Conference and the North Carolina Association for the Education of Young Children. CDA workshops were also conducted at each conference. These activities resulted in NC/AEYC passing a resolution to support CDA within the State.

The State CDA Steering Committee became a support system for the Education Unit in the implementation process. A major collaborative effort resulted in receiving the support for this credential from both the secretary of the Department of Administration (which houses the Office of Child Day Care Licensing) and the secretary of the Department of Human Resources (which houses the Title XX day care program). A letter of endorsement was signed by these secretaries and mailed to every licensed day care facility in the State, including Title XX and Head Start programs (see figure 1).

The number of calls and letters of inquiry which followed were overwhelming. It became apparent that regional workshops interpreting the CDA concept were necessary. Organizing these sessions became the next step in this process. Emphasis should be made at this time that the Education Unit received no additional staff or moneys to implement and carry out this new project; therefore, cooperation and assistance was sought from other agencies. Through an interagency approach, with the specially funded Head Start Handicapped Coordinators serving as local hosts, these six workshops became a reality (see figure 2).

Invitations and registration forms were mailed from the Education Unit to all licensed facilities. The target population for these sessions was both public and private day care as well as Head Start. Fifty-eight percent of the participants were representative of the total day care community. A surprising result was to discover that 36 percent represented the private day care programs. The CDA Training System (see figure 3) is serving both Head Start and day care. This is a flexible and loosely structured system by choice. Although ACYF guidelines for CDA are attached to the receipt of college credits, CDA is a competency-based credential that may be pursued and attained without academic credit.

Enrollment in the process steadily increased during the first 18-month period of this project up to 95 percent, rising from 206 candidates in September 1978 to 537 in May 1980 (see figure 4). Staff persons from the private centers, where there are no mandatory programmatic or staff requirements, make up approximately 31 percent of the candidates enrolled this past year. Total day care candidates, both private and public, enrolled this past year and a half make up 49 percent, Head Start, 43 percent, and unidentified, 8 percent (see figure 5).

Figure 1

North Carolina Day Care Statistics
(as of May 1, 1980)

Total number of licensed centers (Serving six or more children)	2,053
Total number of children being served	87,881
Total number of 3-, 4-, and 5-year-olds	46,881
Total number of employees	9,074
Estimated number of employees working directly with 3-, 4-, and 5-year-olds	3,000

Breakdown of Programs by Funding Sources

	Number of Centers	No. of Children Served
Certified programs Receiving Title XX monies	383	14,200
Head Start all day programs	224	5,800
Private, both profit and nonprofit primarily dependent on parent fees	1,446	66,382

Figure 2

Special CDA Training Sessions Sponsored by the Education Unit of the North Carolina Office of Child Day Care Licensing (September 1978 - February 1980)

Participants represented the following:

Private Centers	129
Title XX Centers	83
Head Start	82
Trainers/Consultants and Administrators	46
Public School Aids	4
Unidentified	16
TOTAL	360

Cooperation in making these sessions possible was received from the following:

- ACYF Region IV
- Agricultural Extension
- Community College System
- Head Start Supplementary Training
- Individual Head Start Programs
- Local Day Care Centers
- Local Churches
- Public Schools
- Public Libraries
- Specially Funded Head Start Coordinators

Figure 3

North Carolina CDA Training System

1. Special training institutions serving Head Start/Day Care CDA candidates under ACYF guidelines:

Four-year colleges and universities	5
Community colleges and technical institutes	4
TOTAL	9

2. Community colleges and technical institutes offering a CDA-based curriculum serving Day Care and Head Start candidates not under special training guidelines 29

3. Department of Public Instruction home economics programs, encouraged to offer classes based on CDA Competency areas 133

   (Two pilot CDA programs will be initiated in the fall for high school students.)

4. Day care systems, as well as individual programs within the State have employed special trainers to incorporate CDA into their staff development plan.

   (A systematic tally of this number has not been compiled to date.)

Figure 4

North Carolina Increase in CDA Activity Since Agency Involvement
(September 1, 1978 - May 1, 1980)

Enrollees and Candidates

September 1, 1978	206
May 1, 1980	537

This shows an increase of 160 percent in the first year and a half of this project.*

Credentialed Persons

September 1, 1978	103
May 1, 1980	146
Ready to be assessed.**	53

This shows an increase of 93 percent in the first year and a half of this project.*

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*During 9 months of this time period, the CDA Consortium was not in operation.

**This number of candidates would have been credentialed by this date, were it not for the termination of the Consortium contract.

Figure 5

North Carolina CDA Statistics
(as of May 1, 1980)

Current Number of Candidates and Enrollees		537
Candidates		
Head Start	163	
Day Care	94	
Unidentified	148	
TOTAL	405	
Enrollees		
Head Start	37	
Day Care	67	
Unidentified	28	
TOTAL	132	
Total Credentialed Persons		142

Of the 100 counties in North Carolina, the following breakdown represents one or more persons within the designated number of counties.

Enrollees: represented in 26 different counties

Candidates: represented in 82 different counties

Credentialed persons: represented in 44 different counties

Within this same timeframe, we have identified specific problems within the overall system:

- The amount of time involved waiting to receive packets prior to actually starting the process
- Advisors need additional information as to their expected role, especially in portfolio development
- Additional CDA representatives are needed during the Head Start crunch period (just prior to the closing of programs for the summer). All candidates who are ready should have the opportunity to be assessed
- Portfolios leaving the State are of major concern. Consideration should be given to evaluate these at the assessment and send only those with special problems to Washington
- Candidates need to be notified more quickly when assessments are scheduled.

North Carolina is committed to CDA because we believe that all children should have the opportunity to be under the care of qualified persons. Our experience has been that this credential became more attractive and attainable to child-care workers when it became a State effort.

Although CDA has not been incorporated into the mandatory licensing, we feel very optimistic about the enthusiastic reception of this competency-based assessment process by the staff of day care centers throughout the State. One very exciting aspect of this is the fact that it has served as a catalyst in bringing together all groups serving young children, Head Start, Title XX programs, and private programs, as well as programs operated by public schools.

Agency cooperation has been exceptionally high. The Department of Administration, which oversees our agency, has been most supportive. Several agencies, programs, and organizations have initiated CDA activities (see figure 6). Because of this strong statewide network, we were able to enlist assistance and support during the recent dilemma of the "terminated contract." Letters of appeal and support were sent to then-Secretary Patricia Harris of HEW from agencies, State organizations, programs, and individuals.

In addition to expressing concern for the reactivation of the Credentialing process, these supporters also endorsed the recent recommendations presented by the Education Unit of the Office of Child Day Care Licensing to become more actively involved as a facilitator of the North Carolina CDA system. The increased areas of involvement would be for the purpose of expediting the entire process, supporting and assisting candidates on the local level by serving as an extension of the Consortium.

Figure 6

North Carolina Coordination of Efforts

The State CDA Steering Committee consists of representatives from various State and local agencies and serves as a support system to this agency approach.

The Community College System. Thirty-three of the fifty-seven Community Colleges and Technical Institutes offer a curriculum in early childhood education or child care worker. A committee, including representatives from the CDA Steering Committee, recently compiled a curriculum guide based on the Competency and Functional Areas of CDA. This will be recommended as a basic text for the community college system. Many of these institutions are providing direct CDA training.

High School Vocational Programs. There are 133 high school programs within the State preparing students in child care techniques. In addition, there are 28 lab schools within this system where students are placed for direct experience. These programs are being encouraged to promote the CDA concept.

Division of Reading. Discussions with personnel in the Department of Public Instruction have been initiated for the purpose of encouraging local school systems to employ CDA's as aides in kindergarten classes. A limited number of superintendents have expressed serious interest, and a goal of the overall State CDA plan is to encourage more.

Special Projects. Three high school vocational programs have requested assistance in establishing a special pilot CDA training project for high school students. A specially funded project under the Community School Act is adding a day care center this fall. The center staff will consist of local community persons who will be involved in an ongoing staff development program, which includes enrolling in the CDA process. Several day care systems, as well as individual programs, have made CDA the main component of their staff development program.

CDA Support Groups Representing Organizations in North Carolina

North Carolina Association for the Education of Young Children (CDA support committee)

North Carolina Day Care Association

North Carolina Child Development Association (credentialed persons)

Using the CDA Model for Training Family Day Care Mothers/1/

Mary Lou Gilstad

This article is written for the purpose of giving information about a new training program for family day care providers in Minnesota. The primary goal of the project has been to develop a CDA-like model that provides a training opportunity for family day care providers, a mechanism for successful demonstration of a prescribed set of competencies, and a credential that recognizes professional performance.

Project Background

Traditionally, family day care training in Minnesota has been provided through local workshops and occasional evening courses offered by vocational and technical institutions and universities. Geographical distances, personal finances and time constraints have all helped limit the amount of inservice training the average family day care provider receives. In the past, there has been no professional credential available for family day care providers either in the State or in the nation.

In 1978, Dan Gartrell of the Child Development Training Program, Bemidji State University, and this author were in the process of seeking funding to extend CDA training to child care personnel who had not previously had such a training option. During contract negotiations with the Minnesota Department of Public Welfare, staff members in the Family and Children's Services Section mentioned that the number one day care training need in Minnesota was the development of a system for identification of family day care competencies. The staff suggested that the universities might consider the refinement and evaluation of a competency-based training and assessment procedure for family day care providers. The idea was an intriguing one, and the universities decided to accept the challenge.

Two decisions were reached very quickly. Both universities had had long associations with CDA training and assessment. Therefore, the directors of this new project decided to adapt where possible the CDA concepts, rather than "reinvent the wheel". They also decided to immediately involve the family day care community in the development and planning of the project. A discussion group was convened,

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[1] See article by Robert C. Granger for CDA National Credentialing Program plans to develop a CDA assessment and credentialing system for family day care providers.

which consisted of leaders of family day care associations and randomly selected family day care providers. The idea of competency-based training and assessment was thoroughly examined. The immediate concerns were that project staff understand that family day care is decidedly different from center care and that the competencies and training developed in this project should clearly reflect this difference.

In order to insure the preservation of family day care philosophy, the discussion group decided the next step should be the formation of an advisory committee. The members of the committee, selected because they would be directly affected by such a project, were representatives of local and State family day care associations, the State Welfare Department, family day care licensing staff from two participating counties, several providers, and project staff. The initial tasks of the committee were to generate discussion and support for the project, participate in the design of a set of competencies and assist in drafting a proposal for funding. The period of time between the formation of the committee and project funding was 6 months.

When the contract work began, enthusiasm for the project and commitment to it was so high that the advisory committee offered to remain organized to assist in staff selection to maintain an ongoing review of the project, and to participate in the validation of the competencies. Thus, the project has had a wide base of community support from the beginning and a growing sense of "ownership" as the work progressed. One of the advisory committee members described the project in a newsletter as: "really good news for family day care providers. We are now being recognized as a valuable resource in new training for providers and we are having input at the top of the system instead of the bottom!"

Project Progress

The primary purpose of the project is to refine, implement, and evaluate a competency-based training and assessment system, as one alternative by which family day care providers can meet Minnesota licensing standards. In the first year of the project, extensive training has been provided to a limited number of family day care providers to acquaint them with and help them build skills in 13 competency areas. When the providers and their trainers feel they are ready, they will go through an assessment process. Assessment techniques and materials are currently being field tested, and a report on these efforts will be available toward the end of this year.

The family day care providers who volunteered to be the first trainees were selected by the advisory committee, who used a carefully designed application and screening process. Also, four providers were chosen to serve on the training staff, along with other instructors selected by the codirectors according to usual university criteria and procedures. In addition to salaries, the provider-trainers were given stipends with which to hire substitutes for their family day care businesses. An early decision regarding this issue was made by the advisory committee and the project staff, based on the firm collective opinion that providers who assisted in the training effort should not have to sacrifice their primary occupation in order to do so.

The training began with a workshop for all trainees and trainers which gave an orientation to the project and general information about the competencies. Next, the providers began onsite training in their family day care homes. Trainers and providers met twice a month on the average and together decided which competency areas most needed focus. In the process, validation activities were developed, implemented, and reported to the advisory committee and to the project directors. Trainers and trainees participated together in seminars that dealt with issues such as business matters in family day care, discipline and behavior management, caring for infants, working with parents, and nutrition.

The identification, verification, and adoption of the family day care competencies has been a very open process, involving input from the advisory committee, individual providers, trainers, professionals familiar with family day care, and parents. Each competency continues to be verified for relevance and validity through an onsite process involving providers and project staff. Adoption of each competency will not be final until after evaluation of the entire competency-assessment system in the second year of the program.

The first assessments will take place this summer, and the same sense of pioneering is felt in the project as when we first sat down to draft competencies. The family day care trainees who have volunteered their readiness are as nervous as their CDA counterparts were 8 years ago when the first Minnesota Local Assessment Team meeting convened in Bemidji. However, we who have been involved with CDA for awhile know that these family day care trainees will feel the same deep sense of accomplishment and pride as their center-based colleagues have always felt on "graduation day."

There is another sense of achievement that awaits them a little later when the immediate trauma of preparation and performance is over. For the rest of their lives, they will know they were the first family day care providers in the nation to have had this experience. They will become aware that the commitment to informed child care in a family setting, which led to their participation in this project, will pave the way for others who share their vision.

CLOSING SESSION

West Ballroom
11:45 a.m.-12:30 p.m.

Welcome

Leroy Jones, Director
National CDA Training and Technical Assistance Project
University Research Corporation
Washington, D.C.

Introduction of Speaker

Raymond Collins
Chief, Development and Planning Division
ACYF
Washington, D.C.

CDA — Guidelines and Plans for the Future

Barbara Ferguson Kamara
Associate Commissioner
ACYF
Washington, D.C.

Summary and Closing

Leroy Jones

CDA--Guidelines and Plans for the Future

Barbara Ferguson Kamara

Last night as I walked into the lobby of the Fountainbleau Hotel, Ray Collins was beaming and verbally excited about the opening session in which Jenni Klein, Bob Granger. and Asa Hilliard made presentations. "Holistic" is the word everyone quoted from Asa's obviously inspiring, insightful, and challenging presentation. One thing that I most admire about Asa is his utilization of original sources. I took this same approach as I thought about this session on CDA during the 15th anniversary of Project Head Start.

Many of you, no doubt, have heard of the recommendations set forth by Dr. Robert Cooke on Head Start, which were developed by a panel of experts in 1964. This document is the foundation of the original and the continually evolving Head Start program. This is such a dynamic document that I asked myself, "does it address CDA in any way?" In reviewing the original source, this is what I found:

> Personnel recruitment and training represents perhaps the most difficult logistical need. The numbers of health, social services, and educational personnel trained to work with young children are relatively small. The numbers trained to work with disadvantaged young children are only a fraction of the total. It is apparent, therefore, that heavy reliance must be placed on specially designed training programs which can be developed and implemented by early summer. Additional programs should be developed for subsequent training. Consultant supervision should be used to further training on the job. These programs should be individually adapted to the needs of professional personnel, volunteers, and paid neighborhood personnel.

Some key words emphasized in this document are now an integral part of the CDA vocabulary, for example:

Specially designed training

Consultant supervision

On-the-job training

Individually adapted training.

As I reviewed the sections that focused on meeting the individual needs of children and parent involvement, I found that the 13 Functional Areas are likewise woven throughout this initial document for Head Start.

Of course, it is reassuring to note that this professional credential, the CDA, also has its roots in a program that has had a profound impact on the systems for delivering child care services to our nation's children. True, it has had a major impact on what has happened for poor children. But because it is a program among many programs, it has also had an impact on some aspect of most early childhood development efforts in this country. Head Start, through its role in pioneering the implementation of the CDA program, has led the nation in terms of making a significant contribution to the child care profession.

The mandate for greater involvement and indeed a partnership in preparing, credentialing, and assessing day care providers is embodied in the new "Day Care Regulations" and the regulations' guidelines soon to be available in draft form for public comment and input. Special relevant emphases include:

a. A day care center shall provide to newly hired caregivers a one week on-site orientation to the day care program during the first week of employment. The orientation must address at a minimum:

    1. Emergency health and safety procedures at the center;

    2. Any special health or nutrition problems of the children assigned to the caregiver;

    3. Any special developmental needs of the children assigned to the caregiver;

    4. The planned program of activities at the center, and

    5. Meal patterns at the center.

b. Each caregiver without a nationally recognized child development credential appropriate for the age of the children cared for by the caregiver shall regularly participate in specialized training within a reasonable period of time after April 1, 1981. Caregivers hired after April 1, 1981 must begin to participate in training within six months of employment.

    1. State Agency. The State agency shall establish and implement a statewide plan for providing or purchasing training for all center caregivers. The Plan must specify the nature and extent of the training required for caregivers and address the following subjects:

        - Child Growth and Development

        - Child Care Programming and Activities

        - Health and Safety Practices

- Nutrition and Good Eating Habits
- Design and Use of Physical Space
- Working with Parents.

Community Health and Social Service Resources

- Day Care for Multilingual Children
- Day Care for Handicapped Children
- Handling Behavior Problems.

2. The State agency shall periodically assess its statewide training program for center caregivers and report to the Secretary on the effectiveness of this program by March 30, 1984./1/

Similar statements are included in the section under day care homes. The interim regulations' guidelines list the CDA as a credential appropriate for those day care homes linking with preschool children in center settings. This is a challenge that I will address later.

CDA was never designed for only one program--for Head Start only. The fact that 45 percent of the people who have been credentialed are non-Head Start is evidence that our professional community is aware of this. As we seek to broaden the impact of CDA and increase its flexibility to allow for the credentialing of people working with infants, and in home settings, we'll need dynamic leaders and creative ideas.

What Are the Insights From CDA?

In the seminars over the past 2 days, the insights gained by Head Start from the implementation of the CDA concept and philosophy were shared. They are extensive. For example, in the opening session:

- Jenni Klein likened the early years of CDA implementation to that of a child growing up with developmental tasks to face.
- Bob Granger shared what happened when a major part of an ongoing system stopped functioning.
- Asa Hilliard spoke of the need for quality care for children everywhere.

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[1] Proposed Day Care Regulations.

And in the seven sessions today:

- Two CDA's gave firsthand accounts of the positive self-concept gains and other joys experienced in going through the CDA training, assessment, and credentialing process.
- The CDA training seminars focused on concepts unique to CDA competency-based training, such as:
    - the dynamic team relationship between field supervisor and CDA intern and the positive growth for each person
    - the appraisal-assessment process that is humanistically objective
    - the six CDA Training Criteria and their important provisions for the adult learner.
- The fact that parent involvement is built into the assessment and credentialing process was stressed in the seminar on parent involvement.
- The seminar on CDA in multicultural settings emphasized the importance of integrating basic cultural needs of children and their families into the daily program, and several CDA training projects explained how cultural needs are met through CDA training and training materials.
- A look was taken, in retrospect, at what has happened as a result of the incorporation of CDA into the Head Start structure from the standpoint of:
    - the problems as well as the benefits
    - ways that it might be even more successfully integrated.
- Methods of incorporating CDA concepts and philosophy within the entire national and regional ACYF network were presented in another seminar session. In this same session, a look was taken at the role of CDA in day care.
- And in CDA Within the Wider Community, the many activities at the State and agency level were shared. Examples were given of how the CDA concept of demonstrated competence can be extended to training for family day care mothers.

Importance of This Information for the Child Care Profession

In the analysis of the effects of CDA programs, research studies have noted changes within the structure of the educational institutions providing CDA training (often a shift to curricula based on the

CDA Competencies) and a greater awareness within the community of the training related to child care workers.

The challenge is that the research and innovations in training that have culminated in the CDA be transferred to and accepted by the whole range of private, industry, labor, and family day care facilities. The conceptual guidelines regarding the Competencies and training models, as well as the specific curriculum materials, are potentially useful for all child care workers.

Articulation efforts are a must. The major insights about CDA need to be shared by Head Start at many levels. Most importantly, breakthroughs concerning the CDA training process need to be communicated. Historically, the educational institutions have stipulated academic content. The CDA effort has added important insights about the integration of the training content and the training process. This knowledge about CDA needs to be communicated personally, as well as through newspapers and television, at community levels and to social service agencies.

Head Start, in partnership with many of you, has experienced the birth and growing pains and can facilitate growth and change for children, their families, and staff in the wider community. Those of you in Head Start and other child care programs who are already involved in this sharing effort, or who have suggestions on how it can be done, please join the Administration for Children, Youth, and Families (ACYF) in this endeavor by sending your ideas to Jenni Klein's office. The address is in the CDA Seminars program.

Guidelines for CDA in the Eighties

Guidelines for CDA in the eighties need to be considered from several perspectives. Policy direction and funding need to be addressed by ACYF on a national level. Competencies for child caregivers in programs for infants, home-based care, family day care, handicapped care, and after-school care need to be developed at many levels. Options for credentialing and assessment in these areas need to be investigated and developed. Dissemination efforts are needed that include knowledge gained concerning processes that work, and why, and those that haven't worked, and why.

Federal Roles. At the Federal level, "models" and "best practices" need to be made available through the various resource centers and clearinghouses. Work should also be undertaken toward insuring the integrity of the credential through the path of full acceptance in the wider community by involving the early childhood-child development profession. Constant advocacy for the recognition of the CDA credential is called for. Evaluation and research efforts are other important roles to be undertaken at the Federal level.

Regional Roles. Policy implementation and providing input are roles to be undertaken at the regional level. Training and technical assistance to States, colleges, universities, agencies, organizations, and local programs are critical regional CDA roles. Another role for regional staffs is the identification of States and local groups that have developed programs and competencies for training child caregivers in home-based, after-school, and other special child care programs.

State Roles. Coordination at the State level is necessary to provide the critical linkage between agencies, projects, and child care programs: Head Start, day care, private and for profit nursery and kindergarten programs, industry, and departments of education, health and social services. Agencies need to review existing policies and regulations to see where the CDA concept can be incorporated. A sharing of information and the bringing together of persons with differing viewpoints will be key factors in the successful incorporation of the CDA credential into State licensure procedures.

Local Program Roles. Implementation is the major role at the local program level. And in terms of implementation of CDA training, a major need is to insure the quality of the training programs. Training and technical assistance for staff, parents, community agencies, and organizations will be needed. Staff attendance at community and State meetings to disseminate information will be an important advocacy role to be undertaken at the local program level. Another facet of the advocacy role is the development of mechanisms for rewarding those persons who obtain the credential.

Looking back over the roles, three themes seem to carry through at all levels--national, regional, State, and local: insuring quality, providing information, and providing advocacy. These three themes carry an implication for the role of the entire child care profession: to insure the integrity of the CDA credential by working together toward its promotion and universal acceptance. Only in so doing can the major goal of the CDA program--quality care for children--be fully realized.

CDA SEMINARS

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National CDA Training
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